

# THE HEALTH AND SOCIAL SERVICES OF DORSET

ANNUAL REPORT  
of the  
County Medical Officer of Health  
for the year  
1948

A. A. LISNEY, M.A., M.D., D.P.H.



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## FOREWORD

The changes which have taken place in the pattern of health administration in the county during the year under review have necessitated modifications in the layout of this report, which relates to my first year in office as county medical officer, and I have taken the opportunity to revert to the pre-war traditional style.

The impact of the National Health Service Act on the organisation and administration of the health department proved to be considerable. By the end of the year the new service had not been in operation long enough for me to make a considered survey here, but I hope to do so in the report for 1949.

The County Council's proposals under the Health Act were, of course, the basis on which the new organisation was built, and many adjustments in administration had to be made to meet unexpected contingencies as the service developed. The main effect of the new legislation has been, in fact, to separate the treatment and curative from the preventive and social aspect of medicine.

Undoubtedly Section 28 of the Health Act, namely, Prevention of Illness, Care and After-Care, is of the utmost importance and will have the greatest bearing on the future development of the health service as a whole. This section gives local health authorities unlimited opportunity to raise the standard of health to a higher level than hitherto. If these advantages are seized and developed in the right way, the County Council's functions in the realms of preventive medicine and health education alone provide ample scope for the provision of a health service which will benefit all, and which may go no small way to alleviate many of the problems and difficulties which beset modern existence. The wider meaning of what health really is must be taught, and learnt by everyone, before this can be achieved.

The necessary changes at committee level were carefully and with foresight made by the County Council, and undoubtedly the most important and far reaching decision which they made was the amalgamation, under the newly designated Health and Social Services Committee, of the Council's duties in connection with the National Health Service Act, 1946, and the National Assistance Act, 1948.

Sub-committees were formed for the Poole and South Dorset areas, thus preserving the continuity of local knowledge and advice. Poole and Weymouth were separate welfare authorities before 5th July, from which date these functions were transferred to the County Council, and the newly formed South Dorset area covers Weymouth, Portland and the parishes of Chickereil, Osmington and Bincombe in the Dorchester Rural District.

The compilation of this report has presented many difficulties, chiefly by virtue of the fact that 5th July was chosen as the Appointed Day on which the new health service came into being. This date marked the end of the County Council's responsibility for treatment and specialist services which were transferred to other bodies, chiefly the regional hospital board, and emphasized the Council's responsibilities in connection with preventive and social medicine. For statistical purposes, therefore, the Appointed Day is regarded as a dividing line and throughout the report separate figures are given where applicable for the two periods.

These difficulties will, of course, not arise in subsequent years, and the report for 1949 will give a much clearer overall picture of the health and social services in Dorset.

The statistics for 1948 reveal a number of interesting facts which are worthy of special notice, not the least of which is an increase of 8,410 in the population of the county. While this increase is about equally divided between the more densely populated areas and the rural districts, an analysis of the figures shows an appreciable increase in certain districts, particularly in the Borough of Poole and the Rural District of Sherborne, while in some other districts a marked reduction is evident. This fluctuation is particularly interesting in view of the total births for 1948 being 702 below those for the previous year.

This increase in population has undoubtedly aggravated the housing position and increased the already long waiting lists for houses throughout the county. The lack of houses for couples, particularly those with children, who are living in rooms or with relatives, has an undesirable effect on their health and well being, and undoubtedly many of the cases of strained family relationships and divorce can be traced back to unsuitable living conditions. Also, where cases of tuberculosis occur in unsatisfactory surroundings there is a greater risk of contacts, particularly children, being infected before the individual seeks medical advice.

The infant mortality rate of 26 per thousand births shows a slight decrease on the previous year and compares very favourably with that of 34 for England and Wales. Once again too the maternal mortality rate has fallen and has reached a new low level of 0.83, representing only 4 maternal deaths. The steady improvement in these two rates during recent years is most encouraging and reflects the constant efforts maintained by all who take part in the care of mothers and their infants.

The death rate (11.6) shows a decrease on the previous year (12.8) but is higher than the rate for England and Wales (10.8). No doubt this is due, in part at any rate, to the fact that many people from all over the country migrate south for their retirement thus increasing the number of persons in the higher age groups.

For the second year in succession I am able to report that no deaths from diphtheria occurred in the county, and the number of notifications of this disease has fallen from 11 in 1947, to 4 in 1948. While this continued improvement is most encouraging this is no time for complacency, and the efforts of general practitioners and the health service staff must continue in order to ensure that as many children as possible are protected each year from this terrible disease.

Recently I had the honour of being elected President of the Southern Branch of the Society of Medical Officers of Health, and the subject I chose for my presidential address was 'Health and Health Education'. In view of the interest aroused and the great importance of the subject in connection with the duties of local health authorities under section 28 of the Health Act, I have been urged to circulate this address at the end of my report.

In conclusion I should like to express my thanks to the members of the Health and Social Services Committee, and of the Sub-Committees, for the help and support they have given me during a difficult year of re-organisation; and in particular I wish to acknowledge the valuable assistance which the Chairman, Mr. Douglas Jackman, has willingly given me at all times, in spite of his many other commitments, not the least of them being membership of the Regional Hospital Board.

I should also like to thank my Deputy, Dr. J. L. Gilloran, Dr. Leonora S. Evans, and Mr. H. L. Hutchings, Chief Clerk, for assisting in the compilation of this report, and all members of the staff for their loyal and efficient support during the year.

A. A. LISNEY,

*County Medical Officer of Health.*

## STAFF OF HEALTH DEPARTMENT

### *County Medical Officer of Health.*

THOMPSON, J. W. P., M.A., M.B., D.P.H. (County School Medical Officer) (Resigned 31/1/48).  
LISNEY, A. A., M.A., M.D., D.P.H. (County School Medical Officer) (Appointed 6/2/48).

### *Deputy County Medical Officer of Health.*

LISNEY, A. A., M.A., M.D., D.P.H. (Appointed County Medical Officer 6/2/48).  
GILLORAN, J. L., M.B., CH.B., D.P.H. (Commenced 1/9/48).

### *Poole Area Medical Officer.*

CHESNEY, G., M.D., D.P.H. (School Medical Officer—Poole Excepted Area) (Transferred part-time to County Staff, 5/7/48).

### *South Dorset Area Medical Officer.*

WALLACE, E. J. G., M.B., CH.B., D.P.H. (School Medical Officer—South Dorset Divisional Executive) (Transferred part-time to County Staff, 5/7/48).

### *Assistant County Medical Officers.*

ARMIT, M.B., CH.B., D.P.H. (Also medical officer combined districts).  
BLAKER, P. S., M.R.C.P., M.R.C.S., D.P.H. (Employed in a temporary capacity).  
EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.  
LAWRENCE, I. B., M.B., CH.B., D.P.H. (Commenced 6/12/48) (Also district medical officer).  
MACKENZIE, A. C., M.D., B.CH., D.P.H. (Transferred to County Staff, 5/7/48).  
MOIGNARD, J. P., M.A., B.M., B.CH., M.R.C.O.G. (Transferred to County Staff, 5/7/48).  
O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H. (Also medical officer combined districts).  
PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H. (Also medical officer combined districts).  
SCOTT, G. B., D.S.O., M.R.C.S., L.R.C.P. (Employed in a temporary capacity).  
SINCLAIR, J. A., M.B., B.CH., D.P.H. (Transferred part-time to County Staff, 5/7/48).  
WARD, C. A. G., M.B., B.S., M.R.C.S., L.R.C.P. (Transferred part-time to County Staff, 5/7/48).

### *County Pathologist.*

COOPER, T. V., M.B., B.S. (Transferred to the Regional Hospital Board, 5/7/48).

### *Deputy County Pathologist.*

PARTINGTON, C. N., M.B., D.C.P. (Transferred to the Regional Hospital Board, 5/7/48).

### *Clinical Tuberculosis Officer.*

CRAWLEY, F. E., M.D., M.R.C.P. (Joint appointment with the Regional Hospital Board from 5/7/48).

### *Assistant Clinical Tuberculosis Officer.*

HAYES, J. B., M.R.C.S., L.R.C.P. (Joint appointment with the Regional Hospital Board from 5/7/48).

### *Chest Consultant.*

CLARK, A., M.D., M.R.C.P. (Transferred to the Regional Hospital Board, 5/7/48).

### *Orthopaedic Surgeon.*

FORRESTER-BROWN, M. F., M.S., M.D. (Transferred to the Regional Hospital Board, 5/7/48).

### *Medical Superintendent, Portwey Hospital.*

DEAR, J. D., M.B., CH.B., D.P.H. (Transferred to the Regional Hospital Board, 5/7/48).

### *County Nursing Superintendent.*

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

### *Assistant County Nursing Superintendents.*

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.  
PAYNE, MISS O. E., S.R.N., S.C.M., H.V.CERT.

*Orthopaedic Sister.*

MORRIS, MISS J. M., C.S.P. (Transferred to the Regional Hospital Board, 5/7/48).

*Senior Dental Officer.*

PRETTY, P. J., L.D.S.

*Dental Officers.*

BRADLEY, S. D., L.D.S.

HARDEN, MRS. B. E., L.D.S., B.CH.D. (Commenced 15/11/48).

HODGES, W. V. A., L.D.S.

KINGHAM, R. V., L.D.S. (Employed in a temporary capacity).

MOON, H. J., L.D.S. (Commenced 23/2/48).

*(Poole Area).*

ALLEN, R., L.D.S. (Transferred to County Staff, 5/7/48).

HYLAND, K. G., L.D.S. (Transferred to County Staff, 5/7/48).

RIMMER, W. K., L.D.S. (Transferred to County Staff, 5/7/48).

*(South Dorset Area).*

HOOKE, M. L., L.D.S. (Transferred to County Staff, 5/7/48).

*Ambulance Officer (part-time).*

MORAN, E. S.

*Clinic Sister and Tuberculosis Sister.*

BURNETT, MISS F. M., S.R.N., S.C.M.

*Matron, Sharrow House Day Nursery.*

MCCUTCHEON, MISS M. J. (Transferred to County Staff, 5/7/48).

*Assistant Clinic Sister and Radiographer.*

PENN, MRS. J., S.R.N. (Transferred to the Regional Hospital Board, 5/7/48).

*Psychiatric Social Worker.*

FILLITER, MISS ASTRID.

*Matrons of County Sanatoria.*

*Dorset County Home.*

HOE, MISS D. B. J. (Transferred to the Regional Hospital Board, 5/7/48).

*Beckford Orthopaedic Hospital.*

CALLION, MISS M., S.R.N. (Transferred to the Regional Hospital Board, 5/7/48).

*Health Visitors.*

BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT. (Commenced 1/12/48).

CLACK, MISS K. D., S.R.N., S.C.M., H.V.CERT.

CORDINGLEY, MISS V., S.R.N., S.C.M., H.V.CERT. (Resigned 30/7/48).

CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT. (Commenced 20/9/48),

HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

HENNESSEY, MISS N., S.R.N., S.C.M., H.V.CERT.

HODGE, MISS O'BRYEN, S.C.M., H.V.CERT.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

KENNEDY, MISS G. E. M., S.R.N., S.C.M., H.V.CERT.

KEOHANE, MISS M., S.R.N., S.C.M., H.V.CERT.

MACK, MISS O., S.R.N., S.C.M., H.V.CERT.

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT.

TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT.

WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT. (Resigned 31/12/48).

YOUNG, MISS E. S., S.R.N., S.C.M., H.V.CERT. (Commenced 23/8/48).

*(Poole Area).*

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.  
KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.  
KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.  
LEVER, MISS L. B., S.R.N., S.C.M., S.R.F.N.  
MORRIS, MISS M., S.R.N., S.C.M., S.R.F.N., H.V.CERT. (Commenced 6/10/48).  
NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.  
PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.  
STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

} (Transferred to County Staff, 5/7/48).

} (Transferred to County Staff, 5/7/48).

*(South Dorset Area).*

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.  
RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.  
SUNDERLAND, MISS D., R.S.C.N., S.R.N., S.C.M., H.V.CERT.

} (Transferred to County Staff, 5/7/48).

*Midwives.*

*(Poole Area).*

KINGSBURY, MISS M. M. (Area Supervisor)  
BELLRINGER, MISS I. M.  
COLLINGS, MRS. D. W.  
FORREST, MISS L. I. I.  
GRENET, MISS D. M.  
KERNICK, MISS L.  
O'LEARY, MISS M.  
ROBERTS, MISS J.  
STEIN, MISS F. C.  
TUGWELL, MISS E. F.  
TYNDALE-BISCOE, MISS B. B.

} (Transferred to County Staff, 5/7/48).

*(South Dorset Area).*

CAMPBELL, MRS. L.  
COONAN, MISS E. (Resigned 17/11/48)  
CURTIS, MRS.  
EMERY, MISS G. S.  
FOOKS, MISS D. M.

} (Transferred to County Staff, 5/7/48).

*County Sanitary Officer.*

LOYD, E. H., L.R.I.B.A., M.R.SAN.I., M.S.I.A. (Retired 31/12/48).

*Assistant County Sanitary Officer.*

PARRY, A. H., M.R.SAN.I., M.S.I.A.

*Chief Clerk.*

HUTCHINGS, H. L.

**Social Services**

*Chief Executive Officer for Social Services.*

LEWIS, A. (Commenced 5/7/48—formerly Public Assistance Officer).

*Assistant Officer.*

LOMAX, H. (Commenced 5/7/48—Formerly Deputy Public Assistance Officer).

*District Social Services Officers.*

JOHNSTON, H. T.  
PORTSMOUTH, R. G.  
RANDALL, W. R.  
RICHARDS, W. E.

} Also authorised officers for the purpose of the Lunacy and Mental Treatment Acts—formerly Relieving Officers, Public Assistance.

*Chief Officer for the Welfare of the Blind.*

TYACKE, MISS O. (Transferred to County Staff, 5/7/48).

*Chief Mental Deficiency Officer.*

BAZELEY, Miss K.

*Mental Welfare Officers.*

BUCK, Miss A., M.A., Social Science Cert.

STEVENSON, Miss J.

*Supervisor, Poole Occupation Centre.*

FRENCH, Mrs. C. E.

**Other Officers.**

*Consultant Chest Physician.*

CRAWLEY, F. E., M.D., M.R.C.P. (Part-time Care and After-Care—Tuberculosis, from 5/7/48).

*Assistant Chest Physician.*

HAYES, J. B., M.R.C.S., L.R.C.P. (Part-time Care and After-Care—Tuberculosis, from 5/7/48).

*Consultant Psychiatrist.*

RUSSELL, FENTON D., M.D., D.P.M., D.P.H.

**OFFICERS OF OTHER LOCAL AUTHORITIES**

<i>Boroughs.</i>	<i>Medical Officers.</i>	<i>Sanitary Inspectors.</i>
Blandford Forum ...	DR. L. B. SCOTT ...	MR. O. R. N. HOSKINS.
Bridport ...	DR. A. ARMIT ...	MR. R. N. ARMSTRONG.
Dorchester ...	DR. C. D. DAY ...	MR. E. GROOMBRIDGE.
Lyme Regis ...	DR. A. ARMIT ...	MR. E. PRESCOTT
Poole ...	DR. G. CHESNEY ...	MR. R. LEGGATT (Senior).
		MR. C. GLOVER.
		MR. J. POWER.
		MR. C. A. TRIM.
		MR. G. TUCKER.
		MR. O. A. WOODLANDS.
Shaftesbury ...	DR. N. F. PEARSON ...	MR. W. N. TEASDALE.
Wareham ...	DR. E. J. O'KEEFFE ...	MR. N. J. ARNEY.
Weymouth and Melcombe Regis ...	DR. E. J. G. WALLACE ...	MR. L. H. VALE (Chief).
		MR. A. L. HARRIS.
		MR. R. G. S. NEWBOULD.
<i>Urban Districts.</i>		
Portland ...	DR. I. B. LAWRENCE ...	MR. H. R. A. BOLT.
Sherborne ...	DR. N. F. PEARSON ...	MR. C. E. BEAN.
Swanage ...	DR. E. J. O'KEEFFE ...	MR. K. W. GREENWOOD.
Wimborne ...	DR. E. H. MARKBY ...	MR. E. GELLENDER.
<i>Rural Districts.</i>		
Beaminster ...	DR. A. ARMIT ...	MR. C. C. RUNDLE.
Blandford ...	DR. L. B. SCOTT ...	MR. G. S. C. UDALL (Senior).
		MR. E. R. CHILLINGFORD.
Bridport ...	DR. A. ARMIT ...	MR. L. F. A. MADDOCKS.
Dorchester ...	DR. C. D. DAY ...	MR. N. RAWLINS (Senior).
		MR. C. F. ALLARD.
Shaftesbury ...	DR. N. F. PEARSON ...	MR. W. E. BREEDS.
Sherborne ...	DR. N. F. PEARSON ...	MR. H. SHEPHERD (Chief).
		MR. R. L. SYMES.
Sturminster ...	DR. N. F. PEARSON ...	MR. J. H. DEAN (Senior).
		MR. F. HODSON.
Wareham ...	DR. E. J. O'KEEFFE ...	MR. E. SMITH (Senior).
		MR. A. T. SELVEY.
Wimborne ...	DR. L. B. SCOTT ...	MR. W. G. HALL (Senior).
		MR. W. CHICK.
		MR. D. C. MULLEY.

## COMMITTEES

The National Health Service Act, 1946, contained a provision that all matters relating to the discharge of the functions of a local health authority must stand referred to the health committee. The County Council accordingly delegated such functions to the Health and Social Services Committee with power to re-delegate the same to any sub-committee thereof.

The County Council also decided to amalgamate the administration of the National Health Service Act, 1946, and the National Assistance Act, 1948, and to delegate to the Health and Social Services Committee:—

(a) their powers and duties under the appropriate statutes relating to:—

Registration and exemption from Registration of Nursing Homes;  
Health Education and Prevention of Illness, Care and After-Care;  
Maternity and Child Welfare and the Notification of Births and Infectious Diseases;  
Midwives and the Supervision of Midwives;  
Care of Mothers and Young Children;  
Health Visiting;  
Midwifery;  
Home Nursing;  
Vaccination and Immunisation;  
Health Centres and Ambulances; and

(b) their powers and duties under the following statutes:—

(i) Housing Acts, 1936 to 1946 and the Housing (Rural Workers) Acts, 1926 to 1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the County Council;

(ii) National Assistance Act, 1948;

(iii) The Lunacy and Mental Treatments Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;

(iv) Milk and Dairies Acts and Orders as amended by the Food and Drugs Act, 1938, or any other enactment, including the power to issue licences to produce and bottle tuberculin tested and accredited milks;

(v) Nurses Acts, 1943-1945, and any enactments amending the same;

except the power of levying or issuing a precept for a rate or borrowing money.

The following powers and duties have now been re-delegated to Sub-Committees:—

(a) *Poole and South Dorset Area Health Sub-Committees.*

The functions of the Council with regard to day-to-day administration of the following services under the National Health Service Act, 1946, subject to general control and direction with regard to policy being exercised by the Health and Social Services Committee:—

(i) Care of Mothers and Young Children;

(ii) Midwifery;

(iii) Health Visiting;

(iv) Domestic Help.

### *Referred Business.*

To consider and advise upon any matter referred to the Sub-Committees by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Health Centre and Ambulance Services Sub-Committee, or the Social Services Sub-Committee, or by the respective Chairmen of such Committees or Sub-Committees in connection with the administration of any of the services provided by the County Council under Part III of the National Health Service Act, 1946.

(b) *Maternity, Child Welfare and Nursing Sub-Committee.*

The functions under the appropriate statutes relating to:—

- (i) Maternity and Child Welfare;
- (ii) Notification of Births and Infectious Diseases;
- (iii) Supervision of Midwives;
- (iv) Care of Mothers and Young Children;
- (v) Health Visiting;
- (vi) Midwifery;
- (vii) Home Nursing;
- (viii) Vaccination and Immunisation;
- (ix) Domestic Help;

except the day-to-day administration within their respective areas of Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help re-delegated to the Poole and South Dorset Area Health Sub-Committees.

(c) *Health Centre and Ambulance Services Sub-Committee.*

The functions of the County Council relating to Health Centre and Ambulance Services.

(d) *Social Services Sub-Committee.*

The functions of the County Council under:—

- (i) The National Assistance Act, 1948;
- (ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;
- (iii) Section 28 of the National Health Service Act, 1946, relating to Care and After-Care.

(e) *Housing, Water Supplies and Sewerage Sub-Committee.*

The functions of the County Council under the Housing Acts, 1936 to 1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the County Council.

(f) *Milk Sub-Committee.*

The functions of the County Council under the Milk and Dairies Acts and Orders as amended by the Food and Drugs Act, 1938, or any other enactment including the issue of licences to produce and bottle tuberculin tested and accredited milks.

(g) *Nurses Acts Sub-Committee.*

The functions of the County Council under the Nurses Acts, 1943-1945.

## NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

### NATURAL AND SOCIAL CONDITIONS.

Dorset is essentially a rural, well-wooded county of just under 1,000 square miles, and although the highest point, Pilsdon Pen, in the west of the county is only 907 feet above sea level, the vista generally is pleasantly broken by considerable undulation. It is a county rich in tradition, archaeological remains and inherited architecture. The climate is mild and healthy with a high monthly average number of hours of sunshine. In the following table are given the average monthly rainfall figures for 1948 of 41 stations in the county, together with the average hours of sunshine per month of 3 coastal stations:—

<i>Month.</i>	<i>Average rainfall of 41 Stations.</i>	<i>Average hours of sunshine of 3 coastal Stations.</i>	<i>Month.</i>	<i>Average rainfall of 41 Stations.</i>	<i>Average hours of sunshine of 3 coastal Stations.</i>
January ...	6.72	45.5	July ...	1.45	214.8
February ...	1.38	74.2	August ...	4.25	183.7
March ...	1.21	190.0	September ...	3.03	158.9
April ...	1.99	240.4	October ...	2.97	116.8
May ...	3.13	304.0	November ...	2.30	93.4
June ...	2.39	191.6	December ...	6.00	56.0

Commenting on the above statistics, the rainfall in January and December was much above the average. The winter months were generally very mild, but in contrast the summer was cold, except for a brief heat-wave in the last week of July.

I am indebted to the Borough Meteorologist for the Weymouth figures, and to the Secretary to the Dorset Natural History and Archaeological Society for the others.

The three larger rivers, namely, the Frome, Piddle or Trent, and the Stour, all traverse the county in an easterly direction, the first two meeting in the Poole harbour at Wareham, and the Stour finally crossing into Hampshire to reach the sea at Christchurch. The smaller River Brit flows southward through Bridport to reach the sea at West Bay. These rivers and their tributaries provide the county with a good system of waterways, and require a considerable amount of supervision in order to ensure that pollution does not become a danger to health. This matter is referred to in detail in a later section of the report.

Farming is naturally one of the chief activities in the county, and although industry is relatively small in extent that which exists is of considerable importance. Stone quarries in the Purbeck area and in Portland, the potteries in Poole and Wareham, and the rope and twine industries in Bridport all have a national reputation.

As Dorset enjoys a considerable coastline to the English Channel it is natural that the sandy beaches of Poole, Swanage, Weymouth, West Bay and Lyme Regis should attract holidaymakers during the season. These resorts are, in fact, extremely popular, but probably owing to the distance from large populated areas Dorset, as yet, remains unspoiled, and it is to be hoped that it will never share the same fate of other counties with their congested roads during week-ends and holiday periods, summer dwellings, and extensive caravan sites.

### **VITAL STATISTICS (Tables 1—5)**

#### *Birth Rate.*

The birth rate for 1948 is 17.1 as compared with 17.9 for England and Wales. Both these figures show a decline on the previous year while that for the county has not been so low since 1943.

#### *Infant Mortality.*

It is satisfactory to note that the infant mortality rate continues to fall, and even though the figure for 1948 is 26 as compared with 27 in 1947, it compares favourably with the national rate of 34. As compared with previous years a considerable improvement can be claimed.

#### *Deaths.*

The death rate for the county (11.6) shows a decrease on that for the preceding year (12.8). In England and Wales the rate for 1948 is 10.8.

The chief causes of death, with the corresponding percentages of total deaths (3,179), are given in the following table:—

(1) Heart disease	...	...	32·3
(2) Cancer	...	...	16·5
(3) Cerebral haemorrhage	...	...	12·6
(4) Bronchitis	...	...	3·4
(5) Phthisis	...	...	2·8
(6) Pneumonia	...	...	2·5

Deaths from heart disease are at a high level, while the steady rise in those from cancer continues not only in Dorset, but throughout England and Wales. The mortality rate for phthisis remains fairly stationary compared with that of the war years. On the other hand deaths from bronchitis and pneumonia show a considerable decrease, as is to be expected from the now universal use of penicillin in the treatment of these diseases.

#### *Maternal Mortality.*

It is satisfactory to note that the maternal mortality rate has reached a new low level of ·83 which represents 4 deaths during the year.

#### *Zymotic Deaths.*

In 1948 zymotic deaths numbered 12 as against 11 for the previous year.

This is the second year in succession in which there were no deaths from diphtheria. The following table shows the decrease since 1940 when the immunisation campaign was launched on a national basis:—

<i>Year.</i>	<i>Cases Notified.</i>	<i>Deaths.</i>
1940	180	6
1941	98	10
1942	86	13
1943	80	10
1944	43	4
1945	17	3
1946	20	3
1947	11	—
1948	4	—

## **CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**

### **LIAISON WITH OTHER BODIES.**

The County Council maternity and child welfare scheme, before 5th July, 1948, was administered in close liaison with the following voluntary bodies:—

- (i) Committees of voluntary child welfare centres;
- (ii) Dorset County Nursing Association;
- (iii) Salisbury Diocesan Association for Moral Welfare;
- (iv) The Hospital Car Service, provided by the combined organisation of the St. John Ambulance Brigade, British Red Cross Society and the Women's Voluntary Service.

Co-operation with these bodies has continued under the new Act, and liaison has been established with the Regional Hospital Board with a view to the supply of such specialist services as the County Council may require.

Liaison has also been established with officers of the National Insurance Service at their local offices, in order to assist expectant mothers in completing claims forms for the benefits to which they are entitled under the National Health Insurance Act, 1946.

## ANTE-NATAL AND POST-NATAL SERVICES (*Table 6*).

It will be observed that a great many of the statistical tables refer only to the period 5th July to 31st December, 1948, and show details for the whole county, including the Boroughs of Poole and Weymouth, which, with the coming into operation of the new Act, ceased to be independent welfare authorities.

Where possible tables referring to the area covered by the county welfare authority for the first half of the year are inserted, but analysis of figures for the whole year, and comparisons with similar tables for 1947 and earlier years cannot be made owing to alterations in the administration of the service.

There are no changes to report in the county scheme for ante-natal and post-natal care during the first half of the year under review. Attendances at the clinics continued to be satisfactory and a large proportion of expectant mothers took full advantage of the facilities available.

The coming into force of the National Health Service Act inevitably interrupted and, to some extent, disorganised the work of the clinics owing to confusion and misunderstanding on the part of expectant mothers, midwives, and general practitioners as to the function of the clinics under the new service. Consequently the attendances were adversely affected for a time and many expectant mothers did not receive the routine ante-natal care which had been customary in the past.

Subsequent discussions with the Dorset Local Medical Committee led to better understanding, and it became clear that the general practitioner-obstetrician service and that provided at the clinics were not antagonistic but complementary, and if worked in a spirit of co-operation would be to the benefit of all concerned.

Innumerable other difficulties, both administrative and clinical, have been encountered during the transition period, but gradually these are being overcome and the progress already made justifies the hope that during 1949 improved integration within the service and better understanding by the public, will lead to that smooth working of the scheme for the care of mothers and young children envisaged in the broad outlines of the Act.

### *General Administration.*

Since the Appointed Day, the Maternity, Child Welfare and Nursing Sub-Committee have been responsible for the care of mothers and young children over the whole county.

The responsibility for day-to-day administration in the Poole and South Dorset Areas is delegated by the Health and Social Services Committee to the respective Area Health Sub-Committees.

The medical officers of Poole and Weymouth have been transferred to the staff of the County Health Department in a part-time capacity, and carry out the day-to-day administration of the service in their respective sub-committee areas. Other transferred staff are in charge of all clinics in these areas.

In the remainder of the county the clinics are staffed by assistant county medical officers except in three instances where general practitioners attend on a sessional basis.

Health visitors are responsible for running the clinics in their own areas under the direction of the medical officer in charge. Midwives attend the clinics with their patients, and general practitioners are welcomed if they care to visit for consultation.

### *Clinical work.*

This consists of regular examination at suitable intervals by the medical officer in charge and includes a full general and obstetrical examination at the first visit of the expectant mother, when blood is taken for routine examination including investigation of the rhesus factor. Dental treatment is advised where necessary and welfare foods prescribed as required.

Further examinations are made periodically including a full obstetrical examination at approximately the 36th week of pregnancy and, where advisable, arrangements are made for X-ray examination at the County Clinic, Dorchester, or at local hospitals.

Midwives' patients in whom abnormality is detected are referred to their own doctors for treatment, or recommended for admission to hospital for ante-natal care or confinement, whichever is appropriate to the condition.

### *Educational work.*

Advice is given on general principles with the object of encouraging a happy and wholesome family life, special attention being paid to environment, diet, and exercise, and their bearing on the upbringing of children, healthy in mind and body.

Short talks are given to small groups of expectant mothers by the health visitors at each session, and the women attending are encouraged to seek advice on any subject troubling them in connection with their pregnancy. Patients are also prepared for breast feeding and are given regular instruction in mothercraft.

Every opportunity is taken by the medical officers and health visitors to instruct the women in the necessity for regular open-air exercise, in the importance of suitable clothing for themselves and their expected infants, in the value of dental care, and in the care of the skin.

Special attention is given to the education of primigravidae, and to young unmarried girls who are naturally worried and apprehensive. Appropriate literature is distributed and discussed with the patients and suitable ante-natal exercises are advised and demonstrated.

### *Ante-Natal supervision.*

Patients attending ante-natal clinics usually attend for the first examination in the second or third month of pregnancy. They appear to appreciate the advantage of regular routine examinations as they attend with the utmost regularity and are punctilious in carrying out instructions.

At Dorchester the value of the dental clinic, held at the same time and in the same building as the ante-natal clinic, has been amply proved by the increasing number of expectant mothers who are willingly accepting this service. In rural areas dental treatment has been difficult to obtain during the early months of pregnancy, and in many instances has been delayed until after confinement owing to the shortage of whole-time dentists, and the inability of private dentists to cope with the increased work arising since the introduction of the National Health Service.

The number of women attending the clinics who apply for maternity hospital accommodation has continued to increase during the year, due chiefly to unsuitable housing conditions and the lack of the provision of domestic helps during the lying-in period.

The mental outlook of the women examined at the clinics during 1948 has been, with few exceptions, excellent which, taken in conjunction with their good physical condition, is a tribute to the advances made in education, in environmental conditions, and in all branches of medicine during the past twenty-five years.

### *Post-Natal supervision.*

Post-natal clinics have been established for the past two years at Dorchester, Blandford and in Poole. In all other parts of the county post-natal examinations are carried out at ante-natal clinics.

Compared with the number of women who attend ante-natal clinics the number who attend for post-natal examinations is far from satisfactory, but the position is gradually improving as midwives and patients realise the importance of post-natal care.

Fortunately routine post-natal examination at the hospitals and by general practitioners is increasing, and considerably more women are now receiving post-natal care than is recorded at the clinics.

### *Ante-Natal and Post-Natal Examinations by General Practitioners.*

The county scheme for the ante-natal and post-natal examination by general practitioners of uninsured women, unable to attend ante-natal and post-natal clinics owing to difficulties of transport or other reasons, played a very useful part in the maternity and child welfare service of the County Council before the introduction of the National Health Service.

After that date the provisions of the new Act led to an increased number of expectant mothers taking advantage of the general practitioner-obstetrician service. Only those who elected to book a midwife to take charge of their confinements and were unable to attend an ante-natal clinic required the facilities offered by the general practitioner scheme of the County Council.

The number of women examined ante-natally and post-natally under the general practitioner scheme are shown in the following table:—

<i>Ante-Natal examinations.</i>						
(i)	During the period 1st January to 4th July, 1948	...	...	...	109	
(ii)	During the period 5th July to 31st December, 1948	...	...	...	46	
<i>Post-Natal examinations.</i>						
(i)	During the period 1st January to 4th July, 1948	...	...	...	2	
(ii)	During the period 5th July to 31st December, 1948	...	...	...	3	
<i>Statistics.</i>						
<i>Ante- and Post-Natal Care.</i>				<i>Periods.</i>		
				<i>1st January to</i>	<i>5th July to</i>	
				<i>4th July.</i>	<i>31st December.</i>	
No. of mothers attending Clinics	...	...	...	681	903	
No. of attendances	...	...	...	1,835	2,444	
No. of women unable to attend Clinics and seen by General Medical Practitioners	...	...	...	111	49	
No. of Obstetric Consultants called in	...	...	...	9	—	
No. of Dental Treatments authorised	...	...	...	24	176	

**WELFARE CENTRES** (*Table 7*).

The attendances at welfare centres have continued to be satisfactory during the year and, apart from administrative changes, the work of the centres has been little affected by the introduction of the new Act.

The provision of new premises for welfare centres and ante-natal clinics is a matter of extreme urgency as the majority of the premises now in use are overcrowded and lack the conveniences and amenities so essential for the efficient conduct of a clinic. The fabric of many of the buildings used is old and adaptations could only be carried out at high cost. A minor ailment clinic, which is under construction at Shaftesbury will shortly be available for welfare sessions.

Arrangements for the transport of mothers and young children from villages and hamlets to an established welfare centre are under consideration which, if completed, will not only overcome the difficulty experienced by mothers living in outlying areas in attending a centre, but would very likely dispose of the demand made from time to time for the opening of small centres in remote rural areas.

This section of the annual report would not be complete without a tribute to the magnificent achievement of all the voluntary workers in the county who, so faithfully and unobtrusively have been the mainstay of the welfare service since its inception in Dorset over thirty years ago. The need for these public spirited women is now, and will be in the future, as great as ever it was, if the present high standard of the service for infant welfare is to be maintained under the new Health Service.

*General Administration.*

As in the case of the ante-natal and post-natal services, the County Council has been responsible for the care of mothers and young children in the whole county since the 5th July. Prior to that date Poole and Weymouth Boroughs were independent welfare authorities and had the responsibility for the care of mothers and young children in their respective areas.

Health visitors are responsible for the running of the centres in their districts under the direction of the medical officers in charge.

*Clinical work.*

Each welfare centre in the county is staffed by a whole-time assistant county medical officer, with the exception of three centres which are conducted by general practitioners appointed by the County Council on a sessional basis. Every infant is medically examined upon his first attendance and thereafter at periodic intervals.

Under the new Health Service the clinical work at the centres continues as before, with the exception that vaccination has been added to the facilities which may be provided. Also, the responsibility for providing certain specialist treatment for young children, which formerly was provided under the County scheme, has been transferred to the Regional Hospital Board.

The county scheme for dental treatment is unchanged, as the responsibility for the dental care of expectant and nursing mothers and of young children remains the duty of the local health authority.

The main purpose of the clinical work at the centres is the maintenance of a good standard of health in all children attending, by the early detection of congenital and acquired defects, by advice as to obtaining appropriate treatment, and the detection of early signs of disease; the object being that treatment may be carried out before complications arise. All children found to be in need of treatment are referred to their family doctor.

Particular attention is given to the correct feeding of young infants including intensive instruction and encouragement to the nursing mother. The importance of adequate and suitable diet both for the mother and her growing children is stressed on all possible occasions.

Diphtheria immunisation sessions are held regularly at the centres and are well attended. Vaccination is not carried out as a routine at all welfare centres as it can only be done where the centre is open often enough to enable the medical and nursing staff to give adequate supervision.

Trials with various preparations of whooping cough vaccine, sponsored by the Medical Research Council in connection with research into whooping cough immunisation, are being carried out in the Poole Area and will continue for the next two or three years.

#### *Educational work.*

Educational work at the centres is directed towards the well-being of the family as a whole. The importance of good social conditions, a happy family life, and the advantages to be derived from preventive medicine are the principal themes to which time is devoted by the staff.

Regular instruction is given as to the value of immunisation against diphtheria in infancy and vaccination, the importance of early detection and treatment of defects and disease, dental hygiene, food values and suitable diets for young children at different periods of their development; the part played by suitable clothing, regular exercise, good ventilation, and cleanliness in the comfort and health of the growing child.

At some of the centres, instead of formal lectures and educational films which were provided in the past, informal talks to small groups have proved of high educational value and are certainly more popular with the mothers, who are encouraged to ask questions and discuss their difficulties in connection with the subject of the talk.

Interesting and stimulating demonstrations and talks on food hygiene have been given during the year at the Dorchester and Sherborne centres, particularly on the subject of suitable foods and their preparation in an attractive form for young children. Demonstrations on the bottling and preserving of fruit and vegetables have also been given, in conjunction with the Education Department, and are much appreciated by the mothers and staff at the centres.

#### *Welfare Foods.*

Facilities are given at the majority of centres for the distribution of those welfare foods which are included in the Government Welfare Food Scheme, and a limited number of other welfare foods are available at cost price plus an additional 10 per cent. for handling. The supply of a large variety of branded foods at the centres is discouraged.

#### *Statistics.*

##### *Welfare Centres.*

		<i>Periods.</i>	
		<i>1st January to 4th July.</i>	<i>5th July to 31st December.</i>
No. of infants under 1 year of age attending first time	...	683	1,211
No. of children 1-5 years of age attending first time	...	223	315
No. of attendances of infants under 1 year of age	...	8,355	15,856
No. of attendances of children 1-5 years of age	...	4,625	9,623
No. at end of year who were under 1 year of age	...	—	2,155
No. at end of year who were 1-5 years of age	...	—	4,099
No. of live births notified	...	1,248	2,051
Percentage that attended while under 1 year of age	...	54.7	59.5

### *Treatment of Children.*

1st January to  
4th July.

#### Orthopaedic Clinics:—

No. of cases	...	...	...	...	...	219
No. of attendances	...	...	...	...	...	816

#### Hospital Treatment:—

No. of children admitted	...	...	...	...	...	20
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## BIRTH CONTROL.

### *Administration.*

Advice on contraception was given in Poole and Weymouth before July 5th, 1948, and together with other functions under the National Health Service Act, 1946, this provision was transferred to the County Council on that date.

Assistant medical officers in charge of ante-natal clinics hold separate sessions, and only patient specifically recommended by medical practitioners for advice and instruction in the use of special appliances attend.

Clinics will be opened in other parts of the county as may be required.

### *Statistics.*

Particulars of attendances at the special clinics in the Poole Area during the period 5th July to 31st December, are given in the following table:—

<i>Clinics.</i>	<i>No. of Sessions.</i>	<i>First Attendances.</i>	<i>Total Attendances.</i>
Burlea Towers	13	34	87
*Branksome ...	2	5	9
TOTALS ...	15	39	96

\* Discontinued towards the end of the year.

## CARE OF PREMATURE INFANTS.

For purposes of classification babies weighing  $5\frac{1}{2}$  pounds or less at birth, irrespective of the period of gestation, are regarded as premature and the statistical report given below refers to such infants.

It will be noted that the figures apply to premature infants whose mothers are normally resident in the county of Dorset and notified during the two separate periods, 1st January to 4th July, and 5th July to 31st December, 1948. The first period excludes Poole and Weymouth.

		<i>Periods.</i>	
		<i>1st January to 4th July.</i>	<i>5th July to 31st December.</i>
(a)	Number of premature babies notified	52	69
(b)	Number of premature babies notified who were born:—		
(i)	At home	30	22
(ii)	In hospital	18	44
(iii)	In nursing homes	4	3
(c)	Number of those born at home and nursed entirely at home	27	18
(i)	Who died during the first 24 hours	2	1
(ii)	Who survived at the end of one month	24	16
(d)	Number of those born in nursing homes:—		
(i)	Who died during the first 24 hours	1	—
(ii)	Who survived at the end of one month	3	3

Midwives are encouraged to seek immediate assistance from the County Nursing Superintendent, and the health visitors pay particular attention to the care of premature infants when the responsibility of the midwife ceases at the end of the lying-in period.

Existing hospital provision for premature infants needing special care cannot be regarded as satisfactory, as staff, ward space and equipment are inadequate.

Irrespective as to whether the County Council's assistance is sought or not efforts are made to follow up the progress of all infants born in the county, notified as premature, in order that as complete a record as possible is available at the end of each year.

### DENTAL CARE.

#### *Expectant and Nursing Mothers.*

Facilities for dental treatment for expectant and nursing mothers have continued under the county scheme and a note by the Senior Dental Officer for the county on the service is appended.

The dental clinic opened in Dorchester in 1947 in conjunction with the ante-natal clinic has proved of great value and a similar service will be provided at all ante-natal clinics in the county as soon as sufficient dental staff becomes available.

#### *Young Children.*

The county scheme for the dental treatment of young children continues unchanged.

Treatment is undertaken by the school dental officers who see children of pre-school age when they are carrying-out school inspections or working at the school clinics. Parents are encouraged to make use of this service for the pre-school child.

#### REPORT BY SENIOR DENTAL OFFICER.

*The dental treatment of expectant and nursing mothers is carried out by the school dental officers in the clinics at Dorchester, Poole and Weymouth, concurrently with the ante-natal clinics. Complete treatment is provided including the fitting of dentures when necessary.*

*In the remaining part of the county, treatment is undertaken by dental practitioners in their own surgeries, who, before July 5th, were remunerated by the local health authority in accordance with an agreed scale of fees, and after this date according to the first schedule of National Health Service (General Dental Services) Fees Regulations, 1948.*

*It had been hoped to start a complete service by the school dental officers during 1948 throughout the county, but this was not possible owing to the insufficient number of existing staff, and the increasing difficulty experienced in obtaining additional dental officers.*

*Existing clinic premises are very unsuitable for this extension of the service, and until new clinics are provided the two mobile dental caravans, which came into service during the year, are used for this work.*

*Complete treatment is offered to young children under five years of age who are usually referred by medical officers, health visitors or teachers, and treatment is carried out at the nearest school or clinic.*

*With the shortage of staff it has not been found possible to carry out clinical research into the incidence or prevention of dental disease, and for a similar reason there has been no organised scheme of dental health education apart from instructions given to patients during treatment.*

Patients.	Examined.		Needing Treatment.		Treated.		Made Dentally Fit.	
	* Period 1	† Period 2	* Period 1	† Period 2	* Period 1	† Period 2	* Period 1	† Period 2
Expectant Mothers ...	20	152	17	138	11	107	9	72
Nursing Mothers ...	4	24	3	23	3	21	2	17
Children under 5 years of age ...	52	145	41	119	41	118	41	101
Period Totals ...	76	321	61	280	55	246	52	190
Grand Total ...	397		341		301		242	

\* From 1/1/48 to 4/7/48 inclusive (excluding the Boroughs of Poole and Weymouth).

† From 5/7/48 to 31/12/48 inclusive (including the Boroughs of Poole and Weymouth).

## NURSERY PROVISION.

The only day nursery provided by the County Council is that in the Poole Area, transferred under the provisions of the Health Act. The statistical details as at the end of the year are as follows, and it will be noted that provision is only made for children between the ages of 2 and 5 years:—

		<i>2-5 years.</i>
(a)	Number of approved places ... ..	50
(b)	Number of children on the register at the end of the year ...	70
(c)	Average daily attendance since 5th July, 1948 ... ..	65

No day nurseries are maintained by voluntary organisations.

## CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

No mother and baby homes have been established by the County Council, but financial support is given to St. Monica's Home, Parkstone, which is run under the auspices of the Salisbury Diocesan Association for Moral Welfare and provides maternity accommodation for the unmarried expectant mother. Arrangements have been made for Dorset unmarried expectant mothers to be admitted to this Home for their confinements and, if necessary, to stay with their babies for about three months afterwards.

Unmarried mothers with their infants and expectant unmarried mothers are also admitted from time to time to St. Gabriel's Home, the Diocesan Association's Refuge at Weymouth, and other approved Homes.

The following admissions are divided into two periods, i.e. 1st January to 4th July, and 5th July to 31st December, 1948, the first period excluding Poole and Weymouth:—

No. of admissions to:—	<i>Periods.</i>	
	<i>1st January to 4th July.</i>	<i>5th July to 31st December.</i>
St. Monica's Home, Parkstone	11	5
St. Gabriel's Home, Weymouth	1	7
Hope House, Salisbury ...	—	2

The co-operation already established between the area welfare workers employed by the Salisbury Diocesan Association for Moral Welfare and the staff of the County Health Department has continued during the year, and has proved highly valuable in promoting the well-being of the unmarried mother and her child.

## MIDWIFERY SERVICE (Section 23) (Table 8).

### *General Administrative Arrangements.*

The Dorset County Nursing Association has agreed to act as the agent of the County Council under the new National Health Service, and to be responsible for the midwifery service in the whole county, excluding Poole and Weymouth, where the midwives are employed directly by the County Council.

The Association employs 62 midwives who also undertake part-time home nursing, while the County Council employ directly 10 whole-time midwives in the Poole Area, and 4 whole-time midwives in the South Dorset Area.

### *Supervision of Midwives.*

The County Nursing Superintendent, who is an officer both of the County Nursing Association and of the County Council, is the non-medical supervisor of midwives. She has three assistants, one of whom is the supervisor of midwives in the Poole Area.

The County Medical Officer and any assistant medical officers who may be so designated, act as medical supervisors of midwives.

### *Recruitment.*

The terms of service of all midwives employed are those laid down by the Nurses' Salaries Committee. In addition there is a scheme for training, as midwives, two state registered nurses per annum. At the end of their training the nurses are required to give an undertaking to serve as domiciliary midwives in the county for at least a year. Further, should a midwife in the employment of the County Council or the County Nursing Association wish to apply for a grant towards the expenses of taking the health visitors' certificate, her request is given consideration by the County Council and the County Nursing Association and a grant made if the circumstances justify it. One district nurse/midwife qualified under this scheme during the year.

### *Housing.*

The problem of obtaining suitable accommodation for midwives is still acute. District Councils have been very co-operative in this matter and the County Council have decided to build houses of the 'duplex' type under existing arrangements for the provision of staff accommodation.

### *Transport.*

It is recognised that cars are essential to enable midwives to carry out their duties efficiently. These are either owned by the midwives or provided by the district nursing associations. Financial assistance is given to enable midwives to purchase their cars and repayment is made by the nurse over an agreed period, and midwives using their own cars in the course of their duties receive a travelling allowance in accordance with the county scale.

### *Gas and Air Analgesia.*

Facilities for gas and air analgesia present no difficulties, as the county service has been for some years in the forefront with this provision. Out of a total of 76 midwives employed by the County Council and the County Nursing Association, 70 are qualified to administer analgesics in accordance with the requirements of the Central Midwives Board.

It is a matter of regret that, of 13 midwives engaged in private domiciliary practice, not one is qualified to administer analgesics. It can be said, however, that the majority act as maternity nurses only. In regard to the apparatus for the administration of analgesics, 55 sets are in use by domiciliary midwives, and in 219 cases analgesics were administered by midwives during the period 5th July to 31st December, 1948.

### *Maternity Outfits.*

Maternity outfits are available free of charge for all domiciliary confinements and the number issued during the period 5th July to 31st December, 1948, was 221.

### *Maternity Hospital Accommodation.*

The number of women resident in the county area admitted to voluntary hospitals and maternity homes under the Council's maternity and child welfare scheme continued to increase during the first half of the year under review.

The scheme, which had been progressively developed and expanded to meet the needs of expectant mothers, in view of the increasing public demand for such a service, was well organised and within reasonable distance of providing adequate maternity accommodation for all requiring it, when the responsibility for the service was transferred from the County Council to the Regional Hospital Board.

The maternity unit at Portwey Hospital, Weymouth, was fully equipped and ready for opening when transferred, and considerable progress had been made towards the establishment in the near future of maternity units at Allington Court, Bridport, 'Everest', Swanage, and Somerleigh Court, Dorchester.

The following table shows the number of admissions during the period 1st January to 4th July, 1948:—

<i>Hospital.</i>	<i>Number of Patients admitted.</i>			
Royal Victoria and West Hants, Boscombe	...	...	...	3
Dorset County Hospital, Dorchester	...	...	...	127
Weymouth and District Hospital and Kildare Maternity Home, Weymouth	...	...	...	50
Cornelia and East Dorset Hospital, Poole	...	...	...	59
Westminster Memorial Hospital, Shaftesbury	...	...	...	25
Yeatman Hospital, Sherborne	...	...	...	5
Salisbury General Infirmary	...	...	...	10
Merthyr Guest Hospital, Templecombe	...	...	...	1
Devon and Exeter Hospital, Exeter	...	...	...	1
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### *Puerperal Fever and Puerperal Pyrexia.*

A total of 41 cases of puerperal pyrexia were notified in Dorset during 1948, while no cases of puerperal sepsis were notified during the year.

### *Ophthalmia Neonatorum.*

A total of 8 cases of ophthalmia neonatorum were notified in the county during 1948 and in each case the vision was unimpaired.

### MIDWIVES ACTS, 1902-1936.

The number of midwives who notified their intention to practise in the county at the end of the year was 157.

During the year the County Nursing Superintendent and her assistants made 330 visits of inspection to midwives as follows:—

From 1/1/48 to 4/7/48 (excluding Poole and Weymouth)	...	172
From 5/7/48 to 31/12/48 (including Poole and Weymouth)	...	158

Satisfactory reports were submitted on the condition of each midwife's clothing, instruments and appliances, and in no case was it necessary to take disciplinary action for any breach of the rules of the Central Midwives Board.

The midwives attended 1,768 cases during the year in their capacity as midwives and 1,517 cases whilst acting as maternity nurses.

The number of cases notified by midwives for which medical aid was summoned during the year under Section 14 (1) of the Midwives Act of 1918 was 366. This number includes 54 notifications received since 5th July, from midwives practising in the Poole and South Dorset Areas.

The following table shows the causes for which medical aid was summoned, excluding figures for the Poole and Weymouth Welfare Authorities prior to 5th July:—

<i>Pregnancy.</i>	<i>No. of Cases.</i>	<i>Labour.</i>	<i>No. of Cases.</i>	<i>Puerperium.</i>	<i>No. of Cases.</i>	<i>Condition of Child.</i>	<i>No. of Cases.</i>
Raised blood pressure	5	Prolonged labour	43	Pyrexia	12	Discharge from eyes	13
Albuminuria	6	Premature rupture of membranes	2	Phlebitis	2	Prematurity	6
Toxaemia	8	Adherent Placenta	1	Abdominal pain	2	Feebleness	4
Threatened miscarriage	15	Retained placenta	3	Engorged breast	4	Icterus Neonatorum	5
Miscarriage	15	Uterine inertia	5	Prolapse of uterus	1	Asphyxia	4
Ante-partum haemorrhage	12	Post-partum haemorrhage	4	Medical reasons	3	Convulsions	1
Eclampsia	1	Obstetric shock	2			Cyanosis	5
Malpresentation (Breech)	3	Malpresentation	15			Rash	2
Pyrexia	1	Premature labour	3			Phimosis	1
Haemorrhage in early pregnancy	3	Raised blood pressure	1			Paraphimosis	1
Varicose veins	2	Prolapse of cord	1			Stillbirth	5
Foetal heart sounds not heard	1	Placenta praevia	1			Spina bifida	1
Head above brim at 38th week in primi-gravida	1	Conjunctival haemorrhage and oedema of face—3rd stage	1			Cephalhaematoma	1
Bartholins abscess	1	Medical causes	3			Melaena	2
Post-maturity	5	Inability to attend labour	1			Projectile vomiting	1
Placenta praevia	1	Ruptured perineum	108			Difficulty in suckling	2
Abdominal pain and tenderness	1	Pyelitis	1			Cough	1
Medical causes unconnected with pregnancy	5					Bronchial catarrh	1
Pyelitis	1					Burn from hot-water bottle	1
						Constipation	1
						Nasal obstruction	1
						Excessive vomiting	1
TOTALS	87		195		24		60

### MATERNAL DEATHS.

Four maternal deaths were recorded in the county during 1948, and particulars of these are given below:—

	<i>Place of Death.</i>	<i>Area.</i>	<i>Cause of Death.</i>
I	Hospital	Rural	(a) Obstetric shock. (b) Prolonged labour.
II	Home	Urban	Combination of air and oil embolism 'attempted self-induced abortion'.
III	Home	Rural	(a) Obstetric shock. (b) Following retained placenta.
IV	Home	Urban	Septicaemia following incomplete abortion. 'Natural causes'. (Post-mortem report).

### NEONATAL DEATHS.

An abstract from the files of the Registrar of Births and Deaths shows that 80 neonatal deaths were recorded in the whole county during 1948 compared with 82 in 1947.

The total number of deaths of children under one year of age in Dorset during 1948, was 122, therefore neonatal deaths were responsible for 65·5 per cent of deaths of children under one year of age, compared with 55·4 per cent in 1947.

The causes of neonatal deaths are classified below:—

	<i>Deaths.</i>	<i>Percentage of total.</i>
Prematurity ... ..	34	42·5
Birth injury ... ..	10	12·5
Congenital malformations ... ..	19	23·75
Atelectasis ... ..	9	11·25
Respiratory diseases ... ..	4	5·0
Erythroblastosis foetalis ... ..	2	2·5
Haemorrhagic disease of new-born ... ..	1	1·25
Asphyxia due to inhaled vomit ... ..	1	1·25

### HEALTH VISITING (Section 24) (Table 9).

#### *General Administrative Arrangements.*

The health visitors are employed by the County Council on a whole-time basis and undertake no duties other than those defined under this section of the Act. They are supervised by the County Nursing Superintendent and her assistants.

With the introduction of the National Health Service on 5th July, when the County Council became responsible for health visiting in the whole county including the Boroughs of Poole and Weymouth, ten health visitors were transferred to the county staff, seven from the Borough of Poole and three from the Borough of Weymouth, making a total staff of thirty-two health visitors for the whole county.

The medical officers of the Poole and South Dorset Areas are responsible for the day-to-day supervision of the service in their respective areas.

#### *Duties of Health Visitors.*

The duties of the health visitors are as follows:—

(a) Visits to the home for the purposes listed below:—

- (i) To give advice in connection with the care of young children, the frequency of visits being governed, generally speaking, by the age of the child or children in the family;
- (ii) To give advice in connection with the care of expectant and nursing mothers;
- (iii) To pay follow-up visits to the homes of school children, who have been found to be suffering from defects at school medical inspections, including those with verminous or infectious conditions;

- (iv) To give advice to patients suffering from tuberculosis and to home contacts of such patients, in connection with the County Council's scheme for the care and after-care of tuberculosis patients;
- (v) To ascertain and report on home conditions in special cases;
- (vi) To trace and advise contacts of patients suffering from venereal diseases;
- (vii) To assist in the control of the spread of infectious diseases;
- (viii) To give help and advice, with the collaboration of the family doctor, in cases where members of the family are suffering from illness.

(b) Visits to school and school clinics for the purposes of the school health services.

(c) Attendance at infant welfare centres, ante-natal clinics, post-natal clinics, minor ailment clinics, diphtheria immunisation and vaccination sessions.

With the appointment of a Children's Officer for the county, health visitors were relieved of their duties in connection with the Child Life Protection and Adoption of Children (Regulation) Acts, as these duties are now the responsibility of the Children's Committee.

#### *Transport.*

Health visitors use their own cars for official purposes and receive a travelling and subsistence allowance on the county scale.

#### *Statistics*

		<i>Periods</i>	
		<i>1st January to 4th July.</i>	<i>5th July to 31st December.</i>
First visits to infants under 1 year of age	... ..	... 1,373	2,394
Total number of visits to infants under 1 year of age		... 9,310	12,548
Total number of visits to children between ages of 1-5 years	...	10,216	16,232

## HOME NURSING (Section 25)

#### *Administrative Arrangements.*

The Dorset County Nursing Association acts as agent for the County Council in maintaining an efficient home nursing service, covering the whole county.

Over most of the county the nurses act in the dual capacity of district nurse/midwives and are under the supervision of the County Nursing Superintendent.

#### *Recruitment.*

Dorset would appear to be fortunate as there has been no difficulty in obtaining suitable candidates for the home nursing service. A vacancy rarely occurs, and when it does a new appointment can usually be made without any difficulty or delay.

#### *Housing.*

Every effort is made to see that the district nurses are suitably housed. The district councils are approached for the allocation of accommodation and the County Council have decided to provide houses under existing arrangements for the provision of staff accommodation. Suitable plans have been prepared and the 'duplex' type of house has been adopted by the Council as being the most appropriate.

#### *Transport.*

The majority of nurses now visit their patients by car. These are either owned by the nurses or provided by the district nursing associations. Financial assistance is given to enable nurses to purchase their cars and repayment is made by the nurse over an agreed period.

### Statistics.

The following table shows the number of district nurses employed in the county and the number of visits made during the year:—

Authority.	Number of Home Nurses employed at 31st December, 1948.		Equivalent of whole-time services devoted by Home Nurses included in cols. (2) and (3) to Home Nursing.	Number of visits paid by Home Nurses included in cols. (2) and (3).		Number of cases attended by Home Nurses included in cols. (2) and (3) during the year 1948.	
	Whole-time on Home Nursing.	Part-time on Home Nursing.		From 1/1/48—4/7/48.	From 5/7/48—31/12/48.	From 1/1/48—4/7/48.	From 5/7/48—31/12/48.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Dorset County Council ..	—	—	—	—	—	—	—
Dorset County Nursing Association in agreement with Dorset County Council ..	19	64	51	51,180	66,809	3,107	1,513
				Total 117,989		Total 4,620	

## VACCINATION AND IMMUNISATION (Section 26) (Tables 10 and 11).

### DIPHTHERIA IMMUNISATION.

#### Administrative Arrangements.

The broad outline of the county scheme for diphtheria immunisation remains unchanged under the National Health Service Act of 1946.

The services of general practitioners, assistant county medical officers, health visitors and district nurses are all utilised to obtain the immunisation of as many children as possible.

Parents may elect to have their children immunised by their own family doctor or by assistant county medical officers, either at welfare centres or at schools. The Hospital Car Service is used to transport children where necessary.

Health visitors continue to be responsible for securing parental consents by the time an infant reaches the age of nine months.

#### Arrangements for Sessions.

Primary immunisations are given at the ordinary openings of welfare centres, and reinforcing doses are given by school medical officers when they carry out routine school medical inspections, or at special sessions.

#### Records and payment of fees.

Medical officers and general practitioners performing immunisation are required to complete and send to the county or area health departments the form of record which the Ministry of Health requests the County Council to use.

The County Council will keep the records in such a manner as will enable them to furnish returns to the Minister as he may require.

On receipt of a completed record form, the County Council will credit general practitioners with the fee agreed between the British Medical Association representatives and the Ministry of Health.

#### Organised measures to encourage immunisation.

The obtaining of parental consents plays a most important part in the duties of health visitors. They are provided with suitable leaflets to hand to the parents in the homes which they visit; special letters are sent to parents by the health department if a health visitor considers this advisable. Midwives, district nurses and school teachers in all parts of the county are given full particulars of local arrangements, to enable them to answer any enquiries they may receive from parents about immunisation.

### *Propaganda.*

Films are shown from time to time and lectures given in welfare centres and to other suitable audiences such as women's institutes and parents' associations. Full use is made of any national publicity material made available by the Ministry of Health.

### VACCINATION.

Although the Vaccination Acts ceased to have effect from the 5th July, 1948, and the compulsory vaccination of infants has come to an end, it is the intention to secure the vaccination of as many infants as possible with the co-operation of the parents.

Efforts are made to obtain parental consent to vaccination as soon as possible after the birth of an infant. The majority of vaccinations are undertaken by general practitioners and parents are encouraged to use the services of their family doctor for this purpose.

### *Arrangements in the event of an outbreak of smallpox.*

In the event of an outbreak of smallpox in any part of the county involving a large emergency demand for public vaccination or re-vaccination, arrangements will be made for general practitioners and members of the county medical staff to conduct sessions in any suitable premises, such as clinics, village halls or schools.

The public will be informed by means of loud-speaker vans, press notices, and announcements in cinemas and other places of entertainment of the measures in operation.

## AMBULANCE SERVICE (Section 27) (*Tables 12 to 14*).

A new function for the County Council was the provision of an ambulance service, and, as from 5th July, various ambulance services in the county were transferred to central administration.

In view of the large number of ambulance units in the county, with a wide variation both in size and manner in which they were organised, the County Council's proposals did not call for any drastic change, but the development plan provides for a gradual integration of the service as a whole. This was particularly necessary as it was foreseen that the demand on the service would increase considerably as the result of the various changes which were taking place at the same time in connection with hospital administration.

In the light of experience since the County Council took over the ambulance services in July, it is evident that this policy was fully justified. Moreover, as the underlying policy of the development plan in the proposals was to link up the ambulance service closely with the hospitals, little could be done in proceeding very far with the organisation of the service until the general position regarding the hospitals in the county was clarified.

Agency arrangements were entered into with the Hospital Car Service, administered jointly by the British Red Cross Society, St. John Ambulance Brigade, and the Women's Voluntary Service. This service deals entirely with non-urgent sitting cases which consist mostly of patients attending hospitals by appointment, or being discharged from hospital. From the outset definite arrangements were made that 48 hours' notice must be given for the use of a sitting case car, and that all applications for such transport must be authorised by the County Medical Officer.

The willing and efficient co-operation of the Hospital Car Service has undoubtedly assisted the County Council enormously in carrying out its functions under this section of the Act, and without this co-operation it is certain that the service would have broken down.

### *General Administration.*

Of the 15 ambulance depots in the county, 12 are administered by the County Council, and 3 by voluntary organisations on an agency basis. In addition to these 15 depots, provision has been made for the majority of long distance out-county journeys to be undertaken by the Dorchester and Poole Divisions of the St. John Ambulance Brigade.

As mentioned above the Hospital Car Service plays a large and important part in the work of the county ambulance service and is administered by the County Organiser assisted by 10 area organisers, who are each responsible for allocating the transport of patients to the voluntary drivers in their area so that the best economy in mileage and manpower is effected.

Patients who are fit to undertake long journeys by rail transport are conveyed by the ambulance service to the station, and arrangements are made with the appropriate local health authorities for the train to be met on arrival and the patients conveyed by ambulance or car to their destination.

To simplify the calling out of an ambulance in an emergency all that is necessary is for the caller to lift the telephone receiver and ask for an ambulance. The call is then relayed by the Post Office to the nearest ambulance depot. It has also been arranged with the Chief Constable for certain divisional police stations to receive ambulance calls which are in turn relayed to the appropriate depots.

#### *Staff.*

Two of the depots, namely those in the Poole and South Dorset Areas, are manned entirely on a whole-time basis, whilst at the other depots the personnel consist of employees of district authorities, hospital porters, and voluntary personnel within easy call, according to the type of depot concerned.

The authorised establishment allows for the employment of the equivalent of 31 full-time ambulance driver/attendants, and at the end of the year the effective establishment was 22.

#### *Depots.*

There is a wide variety in the type of ambulance depots provided, ranging from the depots in the Poole and South Dorset areas where whole-time personnel are employed, to those where the ambulances are housed at local garages. The position generally is obviously unsatisfactory, and immediately on taking over the service the County Council gave consideration to the setting up of suitable premises for ambulance vehicles, bearing in mind the underlying principle of the Development Plan that the provision of such premises should be considered in relation to hospitals.

#### *Vehicles.*

On taking over the service 23 ambulances were transferred to the County Council, but a number of these were not really roadworthy. An immediate and urgent problem was, therefore, the replacement of out-of-date ambulances which necessitated the placing of orders for new vehicles. The delay in the delivery of these vehicles has been a source of considerable anxiety, and difficulty has been experienced in keeping existing vehicles on the road.

Major overhauls are carried out at the Roads and Bridges Committee's repair depot at Dorchester, while minor repairs are executed at local garages.

The standard colour adopted by the County Council for the ambulance fleet was ivory, with black wings and appropriate lettering.

#### *Joint arrangements with neighbouring local health authorities.*

Some arrangement was obviously necessary with neighbouring local authorities whereby certain areas along the boundary of the county would be adequately covered. Such arrangements were to the mutual advantage of all the authorities concerned, and satisfactory agreement has been reached with the following:—Devon, Somerset, Wiltshire and Hampshire County Councils, and the Bournemouth County Borough Council.

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)**

This section of the Act is undoubtedly the most important of them all. The other sections are clearly defined as to their scope, but section 28 gives unlimited opportunity for the development of, particularly, the prevention of illness and health education which form the back-bone of a health service.

Because of its very wideness of application, and because of the more immediate urgency in dealing with other aspects of the local health authority's functions, it was felt desirable to postpone attention to the wider aspects of this section until the administration in other spheres had been stabilised.

Certain basic duties under care and after-care obviously had to be dealt with, and details are given under the appropriate headings which follow.

#### *Tuberculosis.*

As the Dorset County Branch of the British Red Cross Society had already established an appropriate after-care organisation, the County Council's proposals provided that this Society's organisation would be freely utilised.

The Society has, since 5th July, provided an extremely efficient service in this connection and the following table gives details of their welfare work on behalf of the County Council, who provide the Society with an annual grant to meet the expenses of the scheme, which includes the supply of various articles for the comfort of the patient:—

*Home Visiting.*

No. of visits by B.R.C.S. welfare workers to homes of patients	1,401
--	-------

*Articles supplied.*

No. of issues of special invalid foods	...	...	...	1,048
" " " bedding	...	...	...	21
" " " handicraft materials	...	...	...	117
" " " clothing ...	...	...	...	51

The health visitors play an important part in the follow-up of contacts, and it is on their recommendation that the domiciliary cases in need of care are referred to the British Red Cross Society. During the period from 5th July to 31st December, the health visitors made altogether 656 visits to the homes of tuberculous patients.

Other facilities which the County Council provide to this class of patient are the issue of free milk grants and the provision of shelters. The number of shelters in use on the 31st December was 12, while details of the grants of free milk made since 5th July are as follows:—

No. of patients receiving milk grants	...	...	...	51
Total No. of pints of milk issued	...	...	...	6,851
*Average No. of pints of milk per day issued	...	...	...	38

*\* After allowance is made for admissions to sanatoria or hospitals and patients leaving the county, etc.*

The above facilities provided by the County Council are of considerable importance to the welfare and well-being of the patient. A close link between the patient's home, the clinic, and hospital treatment is ensured by the fact that the two chest physicians, who were formerly whole-time officers of the County Council, are now employed part-time by the County Council and the Regional Hospital Board.

*Holiday Homes.*

The Council's after-care arrangements include facilities for sending patients to holiday homes. These are homes run on a private basis and are distinct from the convalescent homes taken over by the Regional Hospital Board, the difference being that medical and nursing facilities are provided at homes within the latter category.

Applications are received from hospitals, general practitioners and assistant medical officers for admission to these homes of patients requiring after-care, not involving organised medical and nursing services, and the consent of the Chairman of the Health and Social Services Committee is obtained in each case before arrangements are made for sending a patient to the appropriate home. The cost is recovered in full from the patients unless they cannot afford to pay, in which case the County Council scale is applied.

The number of patients admitted to holiday homes between the 5th July and 31st December was 3.

## DOMESTIC HELP SERVICE (Section 29)

*General administrative arrangements.*

Prior to the introduction of the new National Health Service, schemes for the provision of domestic help existed in the Borough of Poole and in the Urban District of Portland, but no scheme was in operation in other parts of the county.

Since 5th July, when the responsibility for the service was transferred to the County Council, plans have been made to extend the service to cover the whole county, and an organiser was appointed towards the end of the year to take up her duties in January, 1949.

### *Statistics.*

The number of domestic helps employed, together with the number of cases for which domestic help was provided at 31st December, 1948, was:—

							Poole.	Portland.
(a)	Whole-time	...	...	...	...	...	—	3
(b)	Part-time	...	...	...	...	...	30	—
(c)	The number of cases for which domestic help was provided (period 5/7/48—31/12/48)	...	...	...	...	...	50	15

## MENTAL HEALTH (Section 51)

### ADMINISTRATION.

#### *Committee work.*

With the re-organisation of committees in the light of the National Health Service and National Assistance Acts, the Council decided to constitute a combined Health and Social Services Committee to carry out the functions of these two Acts. The Social Services Sub-Committee deals with functions under the National Assistance Act, Mental Deficiency Acts as amended by the National Health Service Act, mental health and care and after-care, but not prevention of illness or health education which remain the prerogative of the main committee.

This grouping of welfare services under one sub-committee has a very distinct advantage and permits an easy integration of the work of welfare officers generally, thus economising in staff and reducing the number of persons calling at the home, which is already excessive.

The Social Services Sub-Committee in common with other committees meets quarterly.

#### *Staff.*

The organisation of a mental health service calls for co-ordination of the many activities which have a bearing on this subject, if over-lapping and waste of effort is to be avoided.

Thus assistant county medical officers and the county psychiatrist provided by the Regional Hospital Board should work together, not only in connection with child guidance, but also with the numerous medical problems which arise within the sphere of mental health. In the same way the county psychiatric social worker, health visitors, mental deficiency welfare workers, and duly authorised officers should co-operate closely.

It was in order to achieve an integration of this nature that the County Council brought mental deficiency and care and after-care within the same province as mental health.

Other staff taking part in the mental deficiency work are the qualified supervisor and her staff at the occupation centre at Poole, the only one in the county, and a member of the Association of Occupational Therapists is employed whole-time on the home tuition of mental defectives.

#### *Co-ordination with the Regional Hospital Board.*

As mentioned above, the county psychiatrist is a full-time appointment by the Regional Hospital Board, though most of his duties are taken up under the mental health scheme of the County Council and with child guidance. The psychiatrist acts in a consultant capacity and is assisted by a psychiatric social worker employed by the County Council. The third member of the child guidance team, namely, the educational psychologist, had not been appointed by the end of the year although the post had been advertised.

Patients on trial or on licence from Herrison Mental Hospital are visited by a hospital psychiatric social worker. Mental defectives on licence are supervised by County Council welfare officers, who also follow-up patients discharged from mental deficiency institutions.

#### *Duties Delegated to Voluntary Associations.*

Although the County Council's proposals provide for the assistance of voluntary organisations in connection with the care of mental defectives no definite arrangements had been made by the end of the year, as the overall scheme for mental health had not been sufficiently developed.

#### *Training of Mental Health Workers.*

No specific arrangements have as yet been initiated for the training of mental health workers.

## ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

### *National Health Service Act—Section 28.*

The scheme for the after-care of mental illness or defectiveness has not as yet been fully co-ordinated and developed. It is intended to bring the county psychiatrist, assistant county medical officers, health visitors and social workers within the framework of the new scheme.

### *Lunacy and Mental Treatment Acts.*

There are four authorised officers for the county, who also act as district welfare officers. They are not attached, for the purposes of mental work, to any particular area, but operate according to need and are liable for duty seven days a week if necessary. It is, perhaps, a point worthy of mention that many mental cases do occur at week-ends and at night, and very considerable calls have been made on the services of the four officers on Sundays.

As the statistics show, the authorised officers have dealt with all three classes of mental cases. The usual practice with regard to voluntary cases is that the patient's own doctor refers them to the authorised officer and he, in turn, places the applicant in touch with the nearest psychiatric clinic, where he is interviewed and advised by the doctor in attendance. In all cases where further assistance is needed the authorised officer arranges for transport and not infrequently accompanies the patient to hospital. A number of the voluntary cases have originated in hospital, in most instances being attempted suicide cases, and a number have come from magistrates' courts where they have been advised to submit themselves for treatment.

The number of temporary cases is very small and in all these cases the authorised officers have acted at the request of a relative.

The larger proportion of cases continue to be certified and in these cases the statutory provisions have been followed.

The closest co-operation has been maintained between the authorised officers, the Medical Superintendent of the Mental Hospital, the county psychiatrist and the police and, in consequence, removals have been effected without undue difficulties, either for the patients or their immediate relatives and friends. In many cases arrangements are made by the authorised officers for visits to the homes of the patients by members of the staff of the Mental Hospital. There appears to be an increasing use of the voluntary treatment facilities.

The following are the statistical details of this work since 5th July:—

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>
No. of persons for whom arrangements to enter a mental hospital were made by the duly authorised officers...	38	65	1
Classified as:—			
Voluntary patients ... ..	11	9	—
Temporary patients ... ..	4	2	—
Certified patients ... ..	23	54	1

### *Mental Deficiency Acts.*

Ascertainment is carried out by the assistant county medical officers, cases being referred to the Social Services Sub-Committee, either direct in the case of adults or pre-school children, or through the Education Committee where children of school age are concerned.

The great shortage of accommodation in institutions still presents a very serious problem to the Committee, who have a long list of patients awaiting admission, and it has been found difficult to convince relatives of mental defectives, and many others interested, that this problem is general throughout the country and is not due to any lack of effort on the part of the local health authority.

Supervision in the county is carried out by two welfare officers, and in respect of Dorset defectives in other counties by the National Association for Mental Health and by the Brighton Guardianship Society. A part-time supervising officer undertook this duty for defectives in the Bristol area. Since the National Health Service Act, 1946, came into operation, however, the local health authority concerned is undertaking the supervision of patients on licence from institutions in that area and this officer's appointment has been terminated.

Maintenance allowances and clothing grants are made in the majority of cases under guardianship, and a number of these patients are attending the Poole Occupation Centre or are receiving home teaching.

Licence was granted in a number of cases during the year, many of the patients being self-supporting. The agricultural hostels run by the National Association for Mental Health continued to provide useful employment for male patients capable of undertaking agricultural work.

A home teaching scheme was put into operation on the 1st September, 1948, covering approximately half the county, and this is proving beneficial to the patients and is appreciated by their relatives. At the end of the year training was being provided for 25 mental defectives.

The following are the statistical details under this Section:—

<i>Classification.</i>	<i>5th July to 31st December.</i>	
	<i>Males.</i>	<i>Females.</i>
No. of new cases ascertained ... ..	23	11
Graded as:—		
Feeble-minded ... ..	12	7
Imbeciles ... ..	9	4
Idiots ... ..	2	—
No. of defectives admitted to Institutions ... ..	5	3
No. of defectives placed under Guardianship ... ..	8	5
	<i>At 31st December.</i>	
	<i>Males.</i>	<i>Females.</i>
No. of defectives awaiting vacancies in Institutions ... ..	41	22
Total No. of defectives under Guardianship ... ..	53	80
Total No. of defectives under Statutory Supervision ... ..	93	86
Total No. of defectives on register of Occupation Centre ... ..	12	20
Total No. of defectives receiving Home Teaching ... ..	6	19

## TRANSPORT

The County Ambulance Service is available for the transport of patients suffering from mental illness or mental defectiveness.

Mental defectives attending the occupation centre are transported to and from this centre daily by the Hospital Car Service. This arrangement has, however, given rise to difficulties, such as the provision of escorts to look after the patients while travelling, and arrangements are, therefore, being made to provide transport by the Poole Ambulance Depot.

## SOCIAL SERVICES

When the duties of the County Council in relation to the National Assistance Act came up for consideration, the Council decided to merge these functions with the Health Service, and to delegate to the newly formed Health and Social Services Committee their responsibilities under both the National Health Service and the National Assistance Acts.

The former Public Assistance Officer was appointed Chief Executive Officer for Social Services in connection with duties under the Assistance Act, and the following is his report:—

### **'PROVISION OF ACCOMMODATION (Sections 21-28)**

*The National Assistance Act, 1948, imposed on County Councils and County Borough Councils the duty of providing residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them, and to provide temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.*

*The "appointed day" for the operation of the Act was the 5th July, 1948. Immediately prior to that day the County Council possessed eight establishments administered under the Poor Law Act, 1930, as general mixed institutions. The persons living therein could be divided generally into two main groups:—*

- (a) *those requiring medical treatment or nursing care;*
- (b) *those not needing such care but incapable for various reasons, mainly age or physical or mental infirmity, of caring for themselves reasonably.*

*Four of these establishments were transferred to the Regional Hospital Board and four were retained by the County Council, but in all cases they continued to accommodate people of both of these general classes. Ultimately it is intended that the transferred institutions should accommodate people suffering from illness within the definition of section 79 of the National Health Service Act, 1946, while the four retained institutions should be adapted for the purposes of the National Assistance Act, 1948. The process of division of cases did not proceed very rapidly during the first six months after the "appointed day" but the joint user between the two authorities worked with reasonable smoothness.*

*The beds available during the period in retained and transferred institutions for the use of persons for whom the County Council is responsible are indicated in the following schedule:—*

*Details of beds available in retained and transferred institutions for residents who are the responsibility of the County Council — Period 5th July, 1948—31st December, 1948.*

Name and Address of Establishment.	Amount of Accommodation available for					
	Men.		Women.		Totals.	
	rooms.	persons.	rooms.	persons.	rooms.	persons.
<i>Retained Establishments:</i> <i>Alcester House, Breach Lane,</i> <i>Shaftesbury ... ..</i>	1	15	—	—		
	1	13	—	—		
	1	4	—	—		
	1	6	—	—		
	4	38	—	—	4	38
<i>Stoke Water House, Stoke</i> <i>Abbott, Beaminster ...</i>	1	15	—	—		
	1	15	—	—		
	2	30	—	—	2	30
<i>Stour View House, Bath Road,</i> <i>Sturminster Newton ...</i>	1	8	1	8		
	1	4	1	4		
	1	3	1	1		
	1	6	1	8		
	1	5	1	4		
	—	—	1	1		
	5	26	6	26	11	52

Name and Address of Establishment.	Amount of Accommodation available for					
	Men.		Women.		Total.	
	rooms.	persons.	rooms.	persons.	rooms.	persons.
West Walls House, Wareham	1	10	1	13	4	40
	1	11	—	—		
	1	6	—	—		
	3	27	1	13		
Transferred Establishments: Allen House, East Borough, Wimborne ... ..	1	2	1	8	6	33
	1	10	1	3		
	1	4	1	6		
	3	16	3	17		
Bedford House, Barrack Street, Bridport ... ..	1	1	1	11	2	12
	1	15	—	—		
Damers House, Damers Road, Dorchester ... ..	1	10	—	—	2	25
	2	25	—	—		
Longfleet Gardens, Poole ...	1	5	1	12	6	47
	1	14	1	8		
	1	6	1	2		
	3	25	3	22		
Totals ...	23	188	14	89	37	277

Maiden Castle House, a Home in Dorchester to provide residential accommodation, was opened in September, 1948, for 16 residents and it is intended that this should be enlarged to provide for 36 residents. Work also proceeded on the adaptation of "The Lawns", Weymouth, to provide for 22 persons, ultimately to be enlarged to accommodate 36 persons. Plans and specifications were prepared for the adaptation of part of Castleman House, Blandford, a long disused general institution, for this purpose and a tender was accepted with a view to work commencing early in 1949.

The County Council made an arrangement with the Bournemouth Old People's Welfare and Housing Society Ltd. for the accommodation of aged people in two Homes belonging to the Society situated in the Borough of Poole and also acquired a financial interest, by the acquisition of share capital, in a Home at Poole provided by the Poole Old People's Welfare and Housing Society Ltd. The people in the general institutions on the "appointed day" had in many cases been resident therein for a considerable number of years and they represent the unclassified types who had been admitted thereto under the Poor Law Acts and for whom no special provision had previously been made. These people should be a diminishing number as, with earlier ascertainment of mental deficiencies, better education, better housing arrangements and a wider scope of normal life, there should not be, in the future, so large a number of social misfits congregated in mixed communities such as the general institutions administered under the Poor Laws were required to accommodate.

The County Council was required to make an administrative scheme for carrying out their duties in relation to the provision of accommodation but this was still under consideration at the close of the year 1948.

#### WELFARE SERVICES (Sections 29-31)

Welfare services for the blind continued to be provided jointly by the County Council and the Dorset County Association for the Blind and an administrative scheme for future arrangements was still under consideration at the close of the year.

Comparative statistics for the past six years are as follows:—

	1943	1944	1945	1946	1947	1948
<i>No. approved for admission to Register:</i>						
<i>Certified by County Medical Staff</i>	31	32	43	39	23	13
<i>Certified by Ophthalmic Surgeons</i>	25	29	22	27	34	61
<i>Registered elsewhere and moved to Dorset</i> ... ..	—	4	20	4	8	11
<i>Total</i> ... ..	56	65	85	70	65	85
<i>No. removed from Register in year ended 31st March</i> ... ..	50	45	64	54	80	59
<i>Total No. remaining on Register at 31st March</i> ... ..	529	546	548	572	575	582

*Welfare of the Deaf and Dumb.*

*The welfare of deaf and dumb persons in Dorset is at present carried out by the Salisbury Diocesan Association for the Deaf and Dumb, a voluntary organisation whose headquarters are at Salisbury, which provides workers and organises occupational and social activities throughout the county.*

*An annual grant is made to this Association by the County Council.*

## REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION (Section 47)

*No cases were dealt with under Section 47 of the National Assistance Act, 1948, which provides for the removal by local authorities of persons from unsuitable surroundings to establishments maintained by the county authorities for the reception of persons in need of care and attention.'*

## SERVICES TRANSFERRED ON 5th JULY, 1948

### CHILD LIFE PROTECTION AND ADOPTION OF CHILDREN

Consequent upon the introduction of the Children Act, 1948, the duties previously carried out by the Health Committee are now the responsibility of the Children's Committee.

Statistical details up to 5th July, 1948, are as follows:—

#### *Child Life Protection.*

No. of children on Register at 1/1/48 ... ..	61
No. of new children ... ..	21
No. of removals from Register ... ..	24
No. of children on Register at 4/7/48 ... ..	58
No. of reports made by Child Protection Visitors ... ..	119
No. of foster parents on Register at 4/7/48 ... ..	35

#### *Adoption of Children (Regulation) Act.*

No. of persons who gave notice under Section 7 (3) ... ..	6
No. of children in respect of whom notice was given under Section 7 (3) ... ..	6

### ORTHOPAEDIC TREATMENT.

The county orthopaedic scheme, which provided for both out-patient and in-patient treatment of crippling defects among infants, pre-school and school children, and to a limited extent for adults, has not changed with the transfer of the service to the Regional Hospital Board.

The facilities provided by the Bath and Wessex Orthopaedic Hospital prior to 5th July, 1948, continue, and with the exception of the Poole Area the clinics are conducted as before by the orthopaedic surgeon from that hospital:—

The following figures relate to the period up to 4th July:—

<i>Surgeon's clinics:</i>			
No. of attendances	...	...	529
<i>Sister's clinics:</i>			
No. of attendances	...	...	2,404
Number admitted to hospital	...	...	21

## TREATMENT OF TUBERCULOSIS

With the introduction of the National Health Service Act the County Council's responsibility for the diagnosis and treatment of tuberculosis passed into the hands of the Regional Hospital Board.

There still remain, however, very important functions to be carried out by the County Council in connection with the care and after-care of the tuberculous patient, and in the general preventive work under section 28 of the Health Act.

The following table shows the statistical details connected with the treatment of tuberculosis up to the 4th July:—

<i>Dispensary Register as at 4th July—</i>				<i>X-Ray Films—</i>			
All forms	...	...	1,020	Dorset County Home:			
Pulmonary	Adult Males	...	477	In-patients	...	...	176
"	Adult Females	...	316	Out-patients	...	...	994
"	Children	...	27	Dorchester Dispensary	...	...	763
Non-pulmonary	Adult Males	...	59	<i>Artificial Pneumothorax—</i>			
"	Adult Females	...	62	Inductions—Dorset County Home			9
"	Children	...	79	Refills —Dorset County Home			972
<i>New Cases diagnosed as Tuberculous—</i>				Refills —Dorchester Dispensary			573
All forms	...	...	113	<i>Admissions to Sanatoria—</i>			
Pulmonary	Adult Males	...	45	Dorset County Home	...	...	26
"	Adult Females	...	41	Royal National Sanatorium	...	...	11
"	Children	...	9	Weymouth Borough Sanatorium	...	...	5
Non-pulmonary	Adult Males	...	6	Others	...	...	39
"	Adult Females	...	8	<i>Admissions to Hospitals—</i>			
"	Children	...	4	Beckford Orthopaedic Hospital	...	...	15
<i>Attendance at Dispensaries</i> ... .. 2,472				Bath and Wessex Hospital	...	...	3
				Children's Hospital, Swanage	...	...	2
				Others	...	...	22

## TREATMENT OF VENEREAL DISEASE

Although the responsibility for the treatment of these diseases now rests with the Regional Hospital Board, the Council will continue to follow-up persons under treatment in co-operation with the medical officers of the treatment centres, as part of the care and after care scheme.

The following details relate to the period up to 4th July, 1948:—

### *Total—Dorset Patients—All Clinics.*

No. of patients dealt with for the first time	}	Syphilis ...	33	<i>Bournemouth Clinic.</i>	}	Syphilis ...	1	
		Soft Chancre	—			No. of patients dealt with for the first time	Soft Chancre	—
		Gonorrhoea	34			Gonorrhoea	12	
		Non-Venereal	93			Non-Venereal	6	
				Attendances of all patients	...	299		
				Aggregate of in-patient days	...	14		
<i>Weymouth Clinic.</i>	}	Syphilis ...	4	<i>Yeovil Clinic.</i>	}	Syphilis ...	4	
		Soft Chancre	—			No. of patients dealt with for the first time	Soft Chancre	—
		Gonorrhoea	9			Gonorrhoea	2	
		Non-Venereal	43			Non-Venereal	5	
Attendances of all patients ...			694	Attendances of all patients ...			152	
Aggregate of in-patient days ...			—	Aggregate of in-patient days ...			76	
<i>Dorchester Clinic.</i>	}	Syphilis ...	3	<i>Salisbury Clinic.</i>	}	Syphilis ...	—	
		Soft Chancre	—			No. of patients dealt with for the first time	Soft Chancre	—
		Gonorrhoea	2			Gonorrhoea	2	
		Non-Venereal	8			Non-Venereal	1	
Attendances of all patients ...			160	Attendances of all patients ...			9	
Aggregate of in-patient days ...			62	Aggregate of in-patient days ...			4	
<i>Poole Clinic.</i>	}	Syphilis ...	21					
		Soft Chancre	1					
		Gonorrhoea	7					
		Non-Venereal	30					
Attendances of all patients ...			861					
Aggregate of in-patient days ...			75					

## RADIUM TREATMENT OF CANCER

The County Council has for many years granted financial assistance towards the cost of treating patients by radium at the various regional treatment centres. This treatment is now provided by the Regional Hospital Board.

The following details relate to the period up to the 4th July:—

Surgeon's clinics—No. of attendances	...	544
No. admitted to hospital	... ..	54

## PATHOLOGICAL LABORATORY SERVICE

The pathological laboratory service hitherto provided by the County Council is now the responsibility of the Regional Hospital Board.

The Medical Research Council will, however, continue to provide a public health laboratory service confined to bacteriological work relating to the general prevention of illness and ascertainment of infectious and contagious disease.

Details of the pathological work carried out at the County Laboratory up to the 4th July, are as follows:—

Total No. of specimens received	...	...	18,132
Total No. of Tests	...	...	23,107

## PUBLIC HEALTH LABORATORY SERVICE

With the transfer of the pathological laboratory service to the Regional Hospital Board on the 5th July, the Medical Research Council provides as from that date, the public health laboratory service confined to bacteriological work relating to the general prevention of illness and ascertainment of infectious and contagious disease.

A director of the public health laboratory service will be appointed by the Medical Research Council in consultation with the County Council when accommodation is available, his duties being to place at the disposal of the County Medical Officer of Health and general practitioners all the assistance that a modern bacteriological service can provide. The director will also assist in the prosecution of field enquiries and research, and will co-ordinate the public health laboratory work of the hospitals.

Until additional accommodation, planned at the laboratory buildings in Dorchester, is available, the public health service is being carried out by the laboratory staff of the Regional Hospital Board.

A subsidiary laboratory, staffed and administered by the Medical Research Council exists in the Poole Area, but these facilities will eventually be incorporated in the larger public health laboratory which is being established in Bournemouth.

The work carried out in connection with the public health laboratory service during the period 5/7/48 31/12/48, is as follows:—

Dorchester laboratory	...	27,167 units.
Poole laboratory	...	1,629 specimens.

## REGISTRATION OF NURSING HOMES

The administration of the Nursing Homes (Registration) Act, 1927, and the Public Health Act, 1936, is undertaken by the County Council, which is the local supervising authority for the whole county, with the exception of the Boroughs of Poole and Weymouth which have at present full delegated powers.

Periodic inspections of the registered homes in the county are carried out and before any application for a certificate of registration of a home is granted, full enquiry is made as to the suitability and qualifications of the applicant and lay-out of the premises.

### Statistics.

The following table shows the number of nursing homes, excluding Poole and Weymouth, and the number of beds provided:—

Registration.	Number of Homes.	Number of beds provided for:—		
		Maternity.	Others.	Totals.
Homes first registered during the year ...	3	3	5	8
Homes on the register at the end of the year ... ..	16	15	88	103

### Action taken during 1948.

Number of applications for registration refused ... ..	None.
Number of exemptions granted under Section 192 (1) including renewals ...	10
Number of exemptions withdrawn under Section 192 (2) ... ..	None.
Number of registrations cancelled under Section 188 ... ..	None.
Number of appeals by aggrieved persons to a Court of Summary Jurisdiction, under Section 189 (3) ... ..	None.
Number of cases in which fines were imposed ... ..	None.
Number of inspections ... ..	31
Number of registered Homes not inspected ... ..	None.

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

No premises or daily minders were registered during 1948.

## DAILY MINDERS PROVIDED BY THE AUTHORITY

During the year under review, no daily minders were provided by the Authority.

## ENVIRONMENTAL HYGIENE

### WATER SUPPLY AND SEWERAGE.

#### General Commentary.

It is apparent from a study of the annual reports of the district medical officers of health that the present position regarding the provision of main water supply and sewerage schemes cannot be said to be satisfactory. The reason for this state of affairs is, no doubt, due in part to the war and to the many difficulties which have existed—and continue to exist—since the end of hostilities.

The general enlightenment of the inhabitants of even the most isolated rural districts concerning the need for piped water supplies and main drainage has shown up the present deficiencies much more than before the war. Furthermore, the post-war housing programmes, the improved methods of farming—including the increase in production of ‘accredited’ and ‘tuberculin tested’ milk—and the general development of industry have all added to the problem.

It is by no means satisfactory that since 1945 such little progress has been made in dealing with schemes which, even in 1938 and 1939, were considered of great urgency.

In some cases, where existing conditions are particularly urgent, the long delays have given rise to feelings of frustration and it is to be hoped that a means will be found whereby the time which elapses between the district council’s decision to carry out a scheme and the date on which work actually commences will be drastically reduced. This must certainly be the case if the dangers to public health which now exist in some parts of the county are to be removed before they give rise to outbreaks of disease.

The long periods of drought which, of recent years have been experienced, and the prophecy by meteorological experts of similar conditions being likely to prevail for some years to come, add to the urgency of the need for improving, within the shortest possible space of time, the water supply, sewerage and sewage disposal services of the county.

*The Rural Water Supplies and Sewerage Act, 1944.*

The following schemes have received the attention of the County Council under Section 2 of the above Act, during the year:—

		<i>Water Supplies.</i>				<i>Estimated cost</i> <i>(where known).</i>
<i>Local Authority.</i>		<i>Parishes and Areas affected.</i>				<i>£</i>
Beaminster R.D.C.	...	Corscombe, Halstock and Netherbury	...	...	...	38,928
		Toller Whelme borehole—possible source of supply for whole Rural District	...	...	...	—
Blandford R.D.C.	...	Blandford St. Mary, Bryanston, Charlton Marshall, Durweston, Spettisbury and Stourpaine	...	...	...	—
		Winterborne Valley	...	...	...	80,000
Bridport Borough and R.D.C.	...	Joint scheme involving the purchase of Bridport Water Company	...	...	...	—
Dorchester R.D.C.	...	Comprehensive scheme (21 parishes)	...	...	...	230,750
		Immediate scheme forming part of main plan	...	...	...	94,000
Shaftesbury R.D.C.	...	Northern area	...	...	...	33,400
		Southern area	...	...	...	—
Sherborne R.D.C.	...	Comprehensive scheme for the whole Rural District	...	...	...	76,250
Sturminster R.D.C.	...	Comprehensive scheme for 18 parishes plus 2 parishes in Sherborne Rural District and the Piddle Valley parishes of the Dorchester Rural District	...	...	...	176,940
Wareham & Purbeck R.D.C.	...	Scheme for greater part of Rural District	...	...	...	—
		Stoborough and Ridge	...	...	...	—
Wimborne & Cranborne R.D.C.	...	Comprehensive scheme	...	...	...	283,040
<i>Sewerage.</i>						
Blandford R.D.C.	...	Milborne St. Andrew	...	...	...	16,800
		Milton Abbas	...	...	...	12,000
		Pimperne	...	...	...	—
		Shroton, Stourpaine and Durweston	...	...	...	—
		Winterborne Kingston	...	...	...	11,500
Dorchester R.D.C.	...	Cattistock, Chilfrome and Maiden Newton	...	...	...	35,000
		Cerne Abbas	...	...	...	—
		Chickerell (to join with Weymouth Borough sewers)	...	...	...	—
		Puddletown	...	...	...	—
		Sydling St. Nicholas	...	...	...	14,000
Sturminster R.D.C.	...	Childe Okeford, Okeford Fitzpaine and Shillingstone	...	...	...	78,414
		Thornhill (extension)	...	...	...	1,005
Wareham & Purbeck R.D.C.	...	Wareham St. Martin	...	...	...	3,300
Wimborne U.D.C. & R.D.C., and Poole and Bournemouth Boroughs.	...	Joint scheme for sewerage of Wimborne Urban, part of Wimborne Rural District and part of Poole Borough	...	...	...	—
Wimborne R.D.C.	...	Corfe Mullen	...	...	...	50,930
		Verwood	...	...	...	46,800

All schemes to which reference has been made above were referred to Messrs. Sandford, Fawcett and Partners, the County Consultants, and their reports were received, in the first place, by the Water, Housing and Sewerage Sub-Committee of the County Council.

## **RIVERS POLLUTION PREVENTION**

It is a matter of great regret that, largely on account of the poor progress which has been made in the improvement of water supply and sewerage services throughout the county, little, if any, progress can be reported in dealing with the several serious cases of rivers pollution to which reference was made in the detailed review on this subject contained in my report for 1947.

The Rivers Brit and Allen, for instance, continue to reveal some of the worst examples of rivers pollution by sewage that the staff of this Department have ever known. The state of affairs in the Brit, just below Beaminster, and in the River Allen at and below Wimborne had, when conditions were at their worst, to be seen to be believed.

There has been, and doubtless will continue to be, much speculation in regard to the future establishment of rivers boards under the River Boards Act, 1948. In many respects the new system will prove advantageous, but the river boards will find that their work will be seriously hampered unless they are prepared to work in close liaison with the health departments of the county (or counties) through which the rivers over which they have control, flow.

When one refers to rivers pollution prevention there is a tendency for thoughts to be directed mainly towards the protection of fishing interests, whereas, in fact, the question is primarily one of the protection of public health.

For various reasons, surface sources—of which rivers and streams predominate—are being used to an even greater extent for the provision of water supply to both large and small centres of population and, in particular, to farms.

Furthermore, it has been observed, perhaps on account of the long dry periods which have been experienced, that there is, of late, an even greater propensity for bathing to take place in our rivers. Apart from the obvious risks of infection with organisms of the enteric group, there is the possibility that some of the cases of infantile paralysis which have occurred in various parts of the country may have been associated with bathing in contaminated rivers, streams or swimming baths.

## **CLOSET ACCOMMODATION**

Although it is clear that a certain amount of work has been carried out during the past year in connection with conversions from conservancy methods of sewage disposal to the water-carriage system, this has again been limited by reason of the general lack of main water supply and sewerage schemes.

## **PUBLIC CLEANSING**

It is satisfactory to note the importance which the district councils without exception, place on the need for an organised system of collection and disposal of refuse and salvage.

It is true that in some of the rural areas the schemes in use leave much to be desired, but it is difficult to say how any great improvement over present methods can be brought about until and unless assistance from central funds (e.g. by part exchequer—part county grants) is made available.

The cost of an efficient public cleansing service is considerable, e.g. in the Borough of Poole the combined cost of collection and disposal for the year 1948 amounted to £2.08 per ton and in a widely scattered rural district, where the mileage to be covered on each journey presents a great problem, the joint cost would often be far in excess of this.

In two cases, Poole and Bridport, disposal takes place by destructors, but by far the most popular system is that of controlled tipping. In some parts of the county the crude tipping of refuse is still employed.

Some difficulty is being experienced in certain county districts in obtaining suitable land for use for refuse disposal, but the Sherborne Urban District Council propose to guard against this by purchasing, while the opportunity exists, a further five acres of land for future use in this connection.

A point worthy of special note is the fact that most district councils have realised the importance of using modern refuse collecting vehicles.

The Borough of Poole and the rural districts of Sturminster and Sherborne undertake a cesspool emptying service in connection with which their own vehicles are being used. In the Wimborne Rural District cesspool emptying is at present being carried out by arrangement with the Hampshire Cleansing Service, but the Council recently resolved to purchase their own vehicle.

## SHOPS ACTS, 1912—1936.

Due primarily to shortages of technical staff, the action taken under the above Acts during the year has not been extensive.

In Poole, 88 inspections of shops, other than food shops, were made under Section 10 of the Shops Act, 1934, and the medical officer comments as follows in this respect:—

*'Owing to the shortage of staff and the number of hours spent on meat inspection duties in the Ministry of Food slaughterhouse, it has not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of shops (other than food shops) and offices, but where conditions requiring improvement have been met they have been dealt with.'*

In the Shaftesbury Borough only 6 inspections were carried out, in connection with which Dr. Pearson, the Medical Officer, comments:—

*'This record is better than that reported in the previous year when no inspections were carried out. It is clearly apparent, however, that 6 inspections are inadequate to meet the requirements of the town.'*

That this comment should be necessary is undoubtedly due to the fact that the Borough Surveyor and Sanitary Inspector, who has no assistance whatsoever, is quite unable to devote time to routine inspections of this kind. In addition to the inspections carried out by local authorities under Section 10 of the Act of 1934, some 974 visits were made by inspectors of the Weights and Measures Department of the County Council with particular regard to the provisions of the Act which relate to the hours of employment of, and intervals allowed for rest and meals to, young persons. No serious infringements were reported.

## SWIMMING BATHS AND POOLS

Bathing and swimming facilities are available at the well-known watering places along the extensive coast line of the county and advantage is taken of the proximity of the sea by the residents of South Dorset, in particular.

At Poole, two open-air sea-water swimming baths are also available to the public.

At Sherborne, there is a privately-owned swimming bath available for public use during part of the year. When so used the bath is under the control of the local authority and the water is chlorinated.

A public swimming bath is provided at Shaftesbury in connection with which purification of the water is effected by slow sand filtration and hand chlorination. Regular testing for 'free chlorine' is carried out and periodical samples submitted for bacteriological examination have given satisfactory results. In his annual report, Dr. Pearson, the Medical Officer, states in regard to the present system of treatment:—

*'Although this method has proved satisfactory, I still hope that when circumstances permit, the present method of treatment and purification of the swimming bath water will be abandoned in favour of automatic filtration and chlorination.'*

A public swimming bath is also available at Blandford.

The purity of the water in the swimming bath used by pupils of Gillingham Grammar School was carefully supervised during the year and in this connection the County Sanitary Officer arranged, in conjunction with the District Medical Officer, for frequent water samples to be taken for bacteriological examination. The reports in each case were highly satisfactory, the free chlorine figure being generally between .2 and .5 parts per million.

As stated under 'Rivers Pollution Prevention', the practice of bathing in rivers, particularly in the case of children, is on the increase in some parts of the county. This must be viewed with concern and until pollution is considerably reduced, the Education Committee is being asked to arrange for head teachers to warn parents and children of the risks which attend the use of rivers and streams for this purpose.

While the physical and mental benefits to be derived from bathing and swimming in water which is bacteriologically safe are appreciated, the risks associated with indulgence in this form of exercise in polluted water cannot be too strongly emphasised.

## VERMINOUS PREMISES

Very few cases have been reported in which action in connection with the disinfestation of verminous persons or premises has been called for during the year.

Even at Poole, the largest centre of population in the county, only 50 houses were reported to be verminous (including 14 Council houses). Work in dealing with these cases involved some 237 visits which amply illustrates the attention which the medical officer of health, through the senior sanitary inspector, gave to these infestations. By way of illustration of the type of work undertaken, I quote the following extract from Dr. Chesney's report:—

*'In order to prevent a spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous, are disinfested by spraying before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.'*

In the Sturminster Rural District, 6 cockroach infestations were dealt with as well as 4 nuisances from ants.

Although the number of cases of rodent infestation were not unduly large, it is clear from the annual reports which have been received that close attention to the question of controlling these pests has been given.

In north Dorset, a Joint Rodent Committee has been set up and this arrangement appears to have worked very satisfactorily during the year.

At Poole, a comprehensive service for rat and mice destruction is provided and the following summary of the work done under the scheme during 1948 is taken from the annual report of the medical officer of health:—

Total number of visits made by staff	...	...	14,646
Total number of premises inspected:—			
(a) On complaint	...	...	622
(b) On survey	...	...	9,271
Total number of premises found infested:—			
(a) On complaint	...	...	320
(b) On survey	...	...	307
Number of premises treated	...	...	676
Number of premises cleared	...	...	613
Number of premises re-treated and cleared	...	...	65
Number of pre-baits laid	...	...	11,852
Number of poison baits laid	...	...	2,755
Number of post-baits laid	...	...	1,234
Number of instances where other methods used	...	...	24
Estimated number of rats destroyed	...	...	4,278
Number of bodies of rats recovered	...	...	1,515

The report further states that during the summer 10 per cent. of the sewer man-holes in the Borough were test-baited without a single 'take' being recorded.

### SCHOOL HYGIENE

The sanitary condition of a number of the Dorset schools cannot be regarded as satisfactory and, as soon as circumstances permit, the County Sanitary Officer will be arranging for a comprehensive survey to be carried out with a view to improving the present position.

The recent changes in the education system have increased the problems in some schools and alleviated them in others, but the complete picture of the effect of the new system will not be revealed until the survey has been completed.

Although economic factors govern the matter to a large extent, the inadequacy of main water and sewerage facilities in many parts of the county provides the main reason for the extensive use which is still being made of conservancy.

The school meals service, while excellent in itself, has increased the water supply and drainage problems at many of the schools. The canteens are, however, carefully watched by the medical and sanitary officers of the various county districts, as well as by the county staff, with particular regard to the prevention of infectious diseases and food poisoning. Fortunately no case of food poisoning was reported from any of the school canteens in the county during 1948.

## FACTORIES ACTS

The number of factories, within the meaning of the Act, in the county as a whole is not great, and therefore, the need for any considerable volume of work under this heading does not present itself. As is to be expected, the small number of factories which do exist are situated mainly in Poole, Weymouth and Dorchester. The number of registered factories and the number of inspections carried out in connection therewith in these districts are as follows:—

			<i>No. of registered factories.</i>	<i>No. of visits.</i>	<i>Defects found.</i>	<i>Defects remedied.</i>
Poole	...	...	419	364	61	30
Weymouth	...	...	125	69	5	4
Dorchester	...	...	111	33	3	2

Generally no trouble appears to have been experienced in dealing with nuisances found in factories, but the remedying of defects involving additional construction such as the building or improvement of sanitary conveniences continues to present some difficulty, mainly owing to delays in obtaining licences.

The Factories Act, 1948, changes the statutory title of 'Examining Surgeon' to 'Appointed Factory Doctor' and amends Section 126 (8) by substituting, instead of 'the poor law medical officer for the district', the words, 'the medical officer of health for the administrative county or county borough or such other medical officer of the council of the county or county borough as he may designate for the purpose.'

Satisfactory co-operation exists between H.M. inspectors of factories, and the officers of local authorities.

## THE INSPECTION AND SUPERVISION OF FOOD

### MILK SUPPLY.

*Milk (Special Designations) Regulations, 1936-48.*

<i>Grade of Licences.</i>	<i>New Applications approved during 1948.</i>	<i>Total No. of Licences in force at end of year.</i>	<i>% of No. of Licences in force to total No. of Dairy farms.</i>	<i>Milk Samples.</i>				
				<i>Sub- mitted.</i>	<i>Passed.</i>	<i>Failed.</i>	<i>Percentage</i>	
							<i>Passed.</i>	<i>Failed.</i>
Accredited ...	65	499	16·63%	2,169	1,803	366	83·12%	16·87%
Tuberculin Tested ...	143	632	21·06%	2,357	2,016	341	85·53%	14·46%
TOTALS ...	208	1,131	37·7%	4,526	3,819	707	84·37%	15·62%

As is revealed in the above table, steady progress has been made in the number of farms licensed for the production of accredited and tuberculin tested milk. Of particular interest is the increase in the number of tuberculin tested producers and the decrease in the number of farmers producing accredited milk. This is a healthy sign, since during the year some 53 accredited producers have qualified for transfer to the higher grade of milk production.

Towards the end of the year preliminary details of the regulations, which are to come into force at the same time as the Food and Drugs (Milk and Dairies) Act, 1944, were published, and it is clear that considerable further progress towards the control and, it is hoped, the eventual elimination of bovine tuberculosis, will be made.

The accredited grade will cease to exist after the expiration of five years from October 1st, 1949, and, after September 30th, 1952, no further tuberculin tested licences will be issued in respect of farms which are not on the register of attested herds. This is undoubtedly sound policy and one of the surest means both of improving the quality of dairy herds and providing for the safety of raw milk.

There are still two dominant factors retarding the more rapid expansion of tuberculin tested milk production at the present time. One is the capital involved in building up a tuberculin tested herd and in bringing the farm buildings up to the required standard. The other is the inadequacy and, in some cases, the poor bacterial quality of the water supplies to many of the Dorset farms.

In regard to the first matter, there is a feeling amongst some that the standards required of buildings in which designated milk is to be produced are too high. From the health aspect, however, relaxation of the standard below that which is at present in force would ruin the whole structure of the scheme.

While agreeing that more than good buildings and proper equipment are needed to produce clean milk, the fact must surely be recognised that, quite apart from the legal requirements, it is much easier to produce milk of good keeping quality from cows which, apart from being healthy in themselves, are milked in hygienic buildings, properly equipped for the job.

The cost of alterations may be considerable, but the value of the bonus payable by the Milk Marketing Board to designated producers is, particularly in the case of tuberculin tested milk, a very fair form of compensation.

The policy adopted by the Health Department is to be as reasonable as possible in considering applications for designated milk licences, but certain basic requirements have to be enforced.

Reference to the following table shows the Dorset figures in relation to those for the counties of Cornwall, Devon, Gloucester, Somerset and Wilts. The comparison on the whole is good, and it will be noted that the number of premises licensed for the production of tuberculin tested milk amounts to 21.06 per cent of the total number of dairy farms in Dorset.

<i>County.</i>	<i>Acreage (including County Boroughs).</i>	<i>Population.</i>	<i>No. of T.T. Producers.</i>	<i>No. of Accredited Producers.</i>	<i>Total No. of Dairy herds in County.</i>
Cornwall ...	864,126	313,559	437	434	8,493
Devon ...	1,671,377	701,820	757	604	10,204
Dorset ...	622,843	272,800	632	499	3,000
Gloucester ...	802,963	873,147	542	368	3,500
Somerset ...	1,034,144	509,770	1,038	681	7,545
Wilts ...	860,829	345,800	663	659	3,400

The advisory work, which is carried out principally by the staff of the National Agricultural Advisory Service, is proving of the greatest assistance in dealing with production defects, and one point which stands out in the reports of the dairying instructresses is the amount of care and attention necessary to keep milking machine equipment in a clean and sterile condition.

Generally speaking, the results in our possession indicate that careful milking by hand is, from the cleanliness viewpoint, superior to mechanical milking, and our figures are, in the main, borne out by the experience of the dairying instructresses.

No designated milk licences were suspended or revoked during the year.

#### *Milk in Schools Scheme.*

Some 770 samples of milk delivered to schools under the milk in schools scheme were submitted for bacteriological examination. In addition, no less than 330 samples of 'raw' milk supplied to schools were subjected at the laboratory to biological examination to detect the presence of tubercle bacilli. Details are given below. The samples were obtained from schools throughout the county, with the exception of those situated in the Boroughs of Poole and Weymouth.

Efforts to improve the grade of milk supplied to some schools, where milk other than heat treated or tuberculin tested was delivered, were successful in many instances, but in the case of some isolated schools it was not possible to achieve the desired improvement. This was principally due to the fact that relatively few producers are willing to put themselves to the trouble involved in supplying small quantities of milk to schools, especially where the contract entails delivery. A further handicap is that, under the milk in schools scheme, no additional price is paid for tuberculin tested milk and consequently difficulty is sometimes experienced in getting dealers to supply this grade of milk correctly bottled and capped.

In all cases where samples failed to comply with the laboratory tests further specimens were obtained and advisory visits paid. These visits proved most useful and generally achieved the desired result.

At the commencement of the year, the grades of milk supplied to schools, excluding Poole Exempted District and the South Dorset Divisional Executive, from which samples were obtained were as follows:—

Heat Treated milk	...	...	107 schools.
Tuberculin Tested milk	...	...	57 „
Accredited milk	...	...	22 „
Non-designated milk	...	...	15 „
Total	...	...	201 „

At the end of the year, the position was as follows:—

Heat Treated milk	...	...	102 schools.
Tuberculin Tested milk	...	...	75 „
Accredited milk	...	...	15 „
Non-designated milk	...	...	11 „
Total	...	...	203* „

\* Includes two schools previously supplied with dried milk powder and now receiving supplies of heat treated milk.

The following table gives the numbers and results of samples of school milk submitted to the laboratory for bacteriological examination during the year. The methylene blue reduction test was applied to all the samples and in the case of heat treated milk the phosphatase test was also carried out:—

Number of schools from which samples obtained	203
Total number of samples obtained during year	770

#### Laboratory Results.

Heat Treated		Tuberculin Tested.		Accredited.		Non-designated.		Total No. of samples.	Total passed.	Total failures.
Pass.	Fail.	Pass.	Fail.	Pass.	Fail.	Pass.	Fail.			
327	89	169	62	50	24	35	14	770	75.5%	24.5%

#### Percentages.

Heat Treated.		Tuberculin Tested.		Accredited.		Non-Designated.	
Pass.	Fail.	Pass.	Fail.	Pass	Fail.	Pass.	Fail.
78.6	21.4	73.2	26.8	67.6	32.4	71.4	28.6

### *Biological Examination of samples for Tubercle Bacilli.*

Number of samples examined	...	330
Number positive	...	4

Where milk examined biologically gave a positive reaction, the particulars of the case were forwarded to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries. Pending the result of the investigations the supply of milk to the school was stopped and alternative supplies arranged.

### **MEAT AND OTHER FOODS**

The inspection of meat in the county is carried out principally by the district council sanitary inspectors, most of whom hold, as an additional qualification, the Meat and Food Inspectors' Certificate of the Royal Sanitary Institute.

Where, owing to pressure of other work, the sanitary inspector is unable to undertake meat inspection, arrangements have been made for local veterinary surgeons to carry out the necessary examination.

From the figures contained in the annual reports of the district medical officers, the amount of meat and offal condemned continues to be considerable, although, in comparison with the total number of animals inspected, the proportion would not appear to be alarming.

The quality of the meat inspected, although improving, is still, in many instances, by no means first class.

Complaints of the conditions under which meat inspection has to be carried out in many of the Ministry of Food central slaughterhouses are numerous, and if the present scheme is to be maintained and, as is anticipated, further developed, it is to be hoped that the Ministry will take steps to improve matters.

In so far as the inspection of foods other than meat is concerned, there is abundant evidence that this has been given close attention throughout the county.

It is interesting to note from a perusal of the particulars of articles condemned, contained in the annual reports which have been received from the district medical officers, that fish and vegetables (including, in both cases, canned goods) appear to predominate.

The attention which the district medical officers and sanitary inspectors have been giving to ice cream is particularly impressive, and the value of their work in this connection is very clearly illustrated by the marked improvement in the bacterial quality of the ice cream samples which were submitted during the year for bacteriological examination. This steady improvement is still proceeding and it is probable that the results of samples taken during 1949 will be even better.

The high degree of co-operation between sanitary inspectors and members of the Ice Cream Alliance is noted with particular satisfaction.

### **FOOD PREMISES**

Still more attention has been given, during 1948, to the inspection and supervision of food premises, and it is pertinent in this connection to refer to the report of the medical officer of health of the Borough of Poole. Dr. Chesney opens his remarks on the 'Inspection and Supervision of Food' by the following reference to food premises:—

*'The importance attached to the inspection of food premises in the Borough can be gauged from the fact that over 30 per cent. of all visits made by the Sanitary Inspectors in 1948 were made to food premises. In all 4,156 such inspections were made.'*

In the concluding paragraph on this subject, the following statement is made:—

*'One difficulty continues to hamper the work of the Sanitary Inspectors in connection with these premises—the lack of adequate statutory power to enforce a standard of space, construction, fittings and hygiene compatible with the amount and type of food preparation work carried on. The powers contained in section 13 of the Food and Drugs Act, 1938, are insufficient for this purpose and nothing less than the compulsory registration of the kitchens of all cafes, restaurants, clubs and hotels, etc., supplemented by a statutory code of standard of premises will provide the power necessary. In many of these premises the proportion of space allocated to the kitchen is totally inadequate and no improvement can be required under existing legislation.'*

This raises a very important matter and it is to be hoped that one result of the Catering Trade Working Party, appointed by the Minister of Food to consider and report on conditions in the catering trade, will be to overcome the shortcomings of the present legislation.

### ADULTERATION OF FOOD AND DRUGS

The County Council's duties in connection with sampling under the Food and Drugs Act, 1948, are undertaken by the department of the Chief Inspector of Weights and Measures. The following particulars relate to samples taken during the year:—

<i>Name of Sample.</i>	<i>Number obtained.</i>	<i>Number certified as adulterated or not up to standard.</i>
Milk ... ..	449	30
Milk (Appeal to Cow) ... ..	16	—
Almond Oil containing 5% Phenol ... ..	3	1
Black Currant Fizzers ... ..	2	2
Butter ... ..	20	—
Cocktail ... ..	1	1
Dough Cake ... ..	1	1
Ice Cream ... ..	53	—
Iodised Salt ... ..	7	2
Sago ... ..	1	1
Sausages (Beef) ... ..	2	1
Sausages (Pork) ... ..	1	1
Sausage Meat (Pork) ... ..	1	1
Tomato Sauce ... ..	4	2
Brandy ... ..	2	—
Gin ... ..	23	1
Rum ... ..	8	—
Whisky ... ..	34	—
Miscellaneous samples of other foods and drugs ...	169	—
TOTALS ... ..	797	44

In the Borough of Poole, this work is carried out by the borough sanitary inspectors and some 304 samples of food and drugs were submitted to the public analyst for analysis during the year.

### HOUSING (*Table 16*).

The unsatisfactory housing position throughout the county continues to cause much unhappiness in the many families who are obliged to live in overcrowded and unhygienic conditions, or with relatives.

Progress in the provision of new houses in the county is still not as speedy as would be desired. At the present rate of progress, it will be some years before this major problem is alleviated.

A summary of the findings of the Rural Housing Survey up to December, 1948, is given, which includes reference to the new building programme. I am grateful to the Clerk of the Dorset Joint Housing Advisory Committee for providing this information.

## SPECIAL ARTICLE

### HEALTH AND HEALTH EDUCATION

*(Presidential Address to the Southern Branch of the Society of Medical Officers of Health).*

#### *Preamble.*

We have just passed the centenary of the first appointment of a medical officer of health. We can, therefore, look back on a hundred years of progress in the realms of public health, and there is no doubt that during this period some of the greatest advances in medicine were the direct result of the pioneering work carried out by our predecessors in the health service.

The most obvious result of this progress is reflected in the considerable decline in the incidence of infectious and contagious disease, tuberculosis, maternal and infant mortality, and the steady increase in the expectation of life. Undoubtedly the largest contributory factors to this progress have been the general improvement in sanitation and housing, and the attention which has been paid to personal cleanliness.

Until recently, the conception of health was limited to the physical aspect of the individual, and preventive medicine was confined to his immediate environment.

#### *The Broader Concept of Health.*

As just stated, the word 'health' has in the past been used in a limited sense; as a mere negation of disease, so that when a person was not suffering from a definite pathological entity, he was deemed to be healthy. Undoubtedly this restricted concept did not satisfy all, but it was not until the publication of the Beveridge Report in 1942, that a definite reference occurs in an official document indicating a wider conception. I refer to the expression 'positive health' which first appeared in this report, and has been used on a number of occasions since.

No satisfactory definition of 'positive health' has been propounded officially, and although the expression is clumsy, it does give a clue to a wider meaning. The World Health Organisation has defined health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', but this does not go far enough.

Perhaps a broader concept of health is not exclusively modern, as we find that in the ancient Greek civilisation, which was of a high order, the Stoics used the word 'eudaimonia' to indicate what would best be described in English as 'a state of well-being' or in French 'joie-de-vivre'.

To go even further back historically, the word 'health' appears in the Bible in many places, and does definitely seem to denote something more than just the absence of disease. In the prayer book also, we frequently admit that 'there is no health in us' which indicates that health is something which can be either present or absent quite independently of the presence or absence of disease.

In order to arrive at a satisfactory definition for the wider aspect of health, or 'positive health' as it is now termed, I would suggest the following:—

*'That health can only be achieved when there is spiritual, mental, and physical equilibrium in the individual; it is the fountain head of true joy and happiness.'*

Let us now consider these components, and see how and to what extent they each have a bearing on the others. I will refer to them in the reverse order of importance as this will link up more closely with the chronological development of the subject.

#### *Physical Health.*

We are all agreed, I hope without reservation, that the physical health of the individual has improved considerably since the early days when our predecessors tackled the then enormous problems of sanitation. As Professor Ryle has rightly pointed out, one cannot divorce social medicine from pathological medicine in its widest sense, and many other improvements in the health of our people have gone hand in hand with progress in the field of clinical medicine and pathology. The biochemist has contributed by increasing our knowledge of the composition of foodstuffs, and the physiologist has also assisted in demonstrating to us how these various components are assimilated by the human body.

The problem of nutrition deserves close attention, as it is now not so much a problem of the individual, as a problem of the community, in fact, a world problem. Fairfield Osborn in his recent book 'Our Plundered Planet' has pointed out that man is faced with a danger more potent and more destructive than the atom bomb itself.

To understand the position we must bear in mind certain facts. Although, as mentioned above, considerable progress has been made in the reduction of the incidence of many of the communicable diseases, a study of the vital statistics during the same period clearly indicates that 'new' diseases are developing, so far without check, and that these diseases are degenerative in character.

By this, I refer, of course, to the increase in the incidence of, for example, cancer, heart disease, the arterial diseases. One naturally expects to find an increase in the incidence of some forms of these diseases by virtue of the increasing expectation of life, but this fact alone cannot explain away the increase in the incidence as a whole, which is out of proportion and descends to the younger age groups. The conclusion is, therefore, forced upon us that for some reason undesirable changes are occurring in the human body indicating a degenerative process or series of processes.

Is this a nutritional problem? And if so, how is it brought about? There is much evidence that this problem is, in fact, connected with nutrition. Since the so-called industrial revolution man is tending to live more and more in urban communities which has been expressed frequently as a 'drift from the land'. At the same time as this urbanisation has been developing, the population of the world has been steadily increasing, so that with more and more people to feed, fewer and fewer families are obtaining their food direct from their own estates. In other words, the food of urban populations is never as fresh as when it is eaten off the land, and the general tendency is for a greater consumption of processed foods. Moreover, if the present increase of over 20,000,000 per year or 2 per cent. continues, the world population will double itself in about seventy years.

Another fact which Osborn points out with great emphasis is that land available for cultivation is diminishing throughout the world and that this is the result, not only of urbanisation, but of man's misuse. It has been estimated that less than two acres are available for each of us to obtain all we need in the way of food.

It is well known that the deserts of Northern Africa were once extremely fertile land upon which the Roman Empire mainly relied for sustenance. Osborn attributes the misuse of this land as one of the chief factors in the downfall of the Roman Empire. He draws the same parallel between the present deserts in Mesopotamia and the Near East, and the downfall of the earlier Babylonian Empire. Osborn also refers to the present position in America where the national attention was drawn to the danger in their midst by the severe dust storms of 1946 which blotted out the sun for days on end. These originated in the Western States which were once rich lands, but are quickly becoming deserts.

This problem is, of course, one of soil erosion brought about by over cultivation, the cutting down of trees and denudation of forests, and according to Osborn, the extensive and unscientific use of artificial fertilisers.

It would appear, therefore, that there is abundant cause for concern in that the nutrition of our people and the people of the world is in grave danger, if not in jeopardy, unless immediate and active steps are taken on the widest scale to deal with the dual problem of an increasing number of mouths to feed, and a decreasing amount of land upon which to grow our food.

### *Mental Health.*

The importance of mental health as a separate entity has only recently been recognised, and much remains to be done in this field. Some psychiatrists maintain that the accelerated momentum of modern living is a contributory factor in the increased incidence of the various manifestations of psycho-neurosis, the commonest form of mental illness. Be that as it may, the curative and treatment facilities are not anything like sufficient to deal with the problem, and here lies an opportunity for the regional hospital boards to extend their services to good effect. Juvenile delinquency, broken marriages, and the ever increasing figures for divorce, all go to show that the mental health of the community is far from satisfactory.

The interdependence of the physical and the mental in the individual is easy to understand. For instance, our mental faculties are entirely non-productive while we suffer from a raging toothache. Conversely, somatic manifestations as the result of mental illness are common and well known.

Little has been done on the preventive or educational side of mental health, but under the new Health Act, local health authorities are given every facility to tackle this problem. I shall refer to this matter again later.

### *Spiritual Health.*

Man has recognised the spiritual side of his nature from the dawn of his existence on this planet, and there is evidence that as far back as neolithic times, this appreciation of the spiritual preceded organised religion.

It seems to me that the spiritual side of man's nature expresses itself in two ways. Firstly, in the form of religion by which he worships his Maker. It is a pity that religious expression as we know it today is partially obscured by a smokescreen of ritual and dogma, thus dividing us into a multitude of religious denominations instead of there being a completely united and simple expression of our faith.

The second, and no less important expression of man's spiritual nature is through his aesthetic sense. We have all experienced the uplifting of our spiritual being when regarding a glorious sunset or a beautiful view, to give but one simple example. At such times one is absorbed in a fleeting realisation that in some way we also belong to another and eternal sphere, and that nature was designed to teach us this. I also believe that our spiritual makeup, through the aesthetic sense, finds expression in many other ways. For instance, the satisfaction experienced as the result of a job well done is, to my mind, a spiritual experience proving to us that we are here as mortals to carry out certain tasks to the best of our ability, and to use our talents to the best advantage.

How then can we achieve spiritual health? By having a simple faith; by appreciating nature to the full, and by using the natural resources we have at our disposal unselfishly and to the best advantage; and by carrying out our daily tasks to the best of our ability.

There are a number of people who in their daily work are 'square pegs in round holes', who from the time of clocking-in in the morning are thinking of nothing but signing off in the afternoon, and who consider their daily tasks only in terms of what they are paid and how much they can make out of them.

This is only one symptom of present day materialism with its complete disregard for anything but personal pleasure. It is, perhaps, a flashback to the animal fundamentals of man's nature which is to seek pleasure and avoid pain. In this, however, no happiness will be found, as happiness is on a totally different plane. Happiness and pleasure are not synonymous and must never be confused.

Under a previous heading I drew attention to the interdependence of the physical and mental sides of our nature, and as I see it, a similar parallel may be drawn between the mental and the spiritual.

I believe that much of the mental disorders and illnesses which are present today are brought about by a lack of spiritual values and the absence of a simple faith.

### *Health Education.*

Health education in the past has been entirely confined to the physical hazards of disease and pestilence and how risks of infection may be minimised. Good work has been done in this respect by local authorities and the Central Council for Health Education, but it is no more than scratching at the surface of the wider problem involved.

Under the recent Health Act, the responsibility for health education has been placed fairly and squarely on local health authorities which, of course, means the medical officer of health, and we must carefully and with purpose, plan the health education service of the future. The matter is summed up in the leader of a recent issue of the *British Medical Journal*:—

*'The basis of local government in this country is the presentation of expert knowledge in such a way that the layman can grip it and act upon it. The medical officer of health is an interpreter.'*

During the past year or so I have often heard medical officers bemoaning the fact that they have been deprived of much of their responsibility, and that the only future they can see is the ultimate total eclipse of the medical officer of health and his work. This, I consider to be a wholly defeatist and dangerous attitude, and we only have to turn to Section 28 of the Act to see that we have, in fact, been given complete freedom to carry out what has always been our true heritage, namely, dealing with the problems of the prevention of illness and educating the community in all matters relating to health.

In giving consideration to the future under this heading, we have not only to continue the good work we have commenced in connection with communicable disease, but with my definition of health in mind, we must produce a service which will cover not only the physical aspect, but will include the prevention of mental illness, and also emphasize the most important of them all, namely, the spiritual aspect.

The question now arises as to how this can be done, and on what lines should a comprehensive service be developed. The adage that 'God helps those who help themselves' is very true, and unless the individual is receptive and willing to learn, nobody can help him. We are up against two big obstacles, the materialistic outlook of the times, and the attitude of the average man in the street who expects everything to be 'laid on' for his benefit without any exertion on his part. A spiritual revival and a change of heart would assist us enormously.

I suggest that it would be appropriate for a special committee to be set up by the Society of Medical Officers to study the whole question of health education. Perhaps three members chosen from each group and one from each branch would suffice, with co-opted representation from the Ministry of Health, Central Council for Health Education, medical teaching centres, and various religious bodies.

The following methods of approach would, no doubt, be some of those considered:—

(a) *The Family Doctor.* In the past the family doctor was very often the guide, philosopher and friend of the family, but unfortunately this relationship shows signs of disappearing, though generally not through any fault on his part. There was a time when the doctor had a more leisurely practice and could study his patients as human beings devoting some of his time to their problems. Nowadays, however, the speed of modern life prevents much of this more intimate relationship, while specialisation tends to emphasize the morbid condition and ignore the patient as an individual.

Medicine too has been good copy in latter years with the result that much of a popular nature has been written in the lay press and in books, and extravagant claims are made in advertisements thus encouraging the community to doctor itself, which is well reflected in the rush for medicines and prescriptions since the Health Service came into being. Where the general practitioner is often to blame, however, is that he has little or no inclination to interest himself in health as a positive factor in the lives of his patients, and frequently regards the medical officer of health with suspicion and resentment.

What then can be done to remedy this situation, and to encourage the general practitioner to return to his rightful place as one of the spearheads in a campaign to educate the public in positive health, as envisaged in the Health Act? We can do a certain amount by gaining his confidence, and we must try to convince him that the medical officer of health is a partner who can help him run his practice more efficiently by reducing sickness and enlightening the ignorant.

It is also important for the future that health should take its proper place in the medical curriculum at the teaching centres, not only in the training of the post-graduate who is entering the public health service, but also as part of the training of the medical student. Not sufficient emphasis has been placed on this subject in the past.

(b) *Co-operation with the Churches.* This is of vital importance, and to my mind should be achieved not only locally but nationally. Such co-operation is not entirely new, as a Christian Medical Society was formed in Leicester at the beginning of the war and still flourishes. The monthly meetings are attended by doctors and clergymen of all denominations, and many useful points are discussed on the common ground that exists between these two professions.

A meeting of a similar nature was held in Dorset some months ago. It was called by a local branch of the British Medical Association and the clergy were invited to attend. The meeting was such a success that it was decided to arrange future meetings of a similar nature.

(c) *Information Bureaux.* In Dorset we have in mind the setting up in due course of information bureaux throughout the county, where those who have problems of any sort can go for advice. The atmosphere of such bureaux must be friendly and human, and the personnel will have to be chosen with great care so as to ensure that their outlook is kindly and sympathetic.

It is not, of course, assumed that all problems would be solved by the personnel at the bureaux, but they will be able to indicate to those seeking advice where best they can take their troubles; it may be the local parson, the psychiatrist, the Assistance Board, or the Labour Exchange, and the closest co-operation will be sought with these and other individuals and bodies in order to render the scheme a success.

(d) *Films.* Undoubtedly films are an enormous attraction to the 'man in the street' and full use of this valuable visual aid should be made in a future service for health education. The use of films at welfare centres, community centres, village halls and schools has only a limited value, as the audiences are 'selective' and have attended for a special purpose.

To reach the masses, something should be done on a national basis to include unobtrusively films with an appropriate setting and subject matter in the ordinary cinema programmes. Surely it should not be impossible in this way to drive home the vital importance of certain fundamental facts in regard to the wider conception of health. This is a matter which could well receive consideration by a special committee as suggested above.

(e) *Lectures and Talks.* The showing of films at welfare centres, community centres, etc., can, with advantage, be supplemented by a talk, provided, and this is a very important point, that the lecturer has the correct personal approach, and that the subject falls within a pre-arranged framework. In fact, it would probably be desirable for talks and lectures to be provided and not be left to the individual to compile himself. This can quite easily be done without any suggestion of interfering with the personal liberty of the lecturer who would, of course, be permitted to supplement the lecture, within reason, from his own experience.

#### *Summary and Conclusion.*

I have formulated a definition for health, and have shown that the spiritual, mental and physical aspects of health must be taken together in any future scheme of health education, if we are to carry out our duties thoroughly.

I have endeavoured to outline what I consider to be the main problems connected with the wider aspects of health, emphasizing the spiritual content and indicating that the biggest problem in regard to physical health is not infection and personal cleanliness, which are already receiving adequate attention, but nutrition, which has become a world problem of the utmost gravity.

In conclusion I should like to underline this important point, that we shall never make a service for health education a success unless we work together, both locally and nationally, carefully and with full consideration preparing the framework of a scheme before any attempt is made to bring it into operation.

ARTHUR A. LISNEY,

*County Medical Officer of Health.*

TABLE 1.—VITAL STATISTICS.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
<i>Area:—622,843 Acres.</i>										
<i>Population:—</i>										
Urban Districts ..	164,000	164,960	156,600	150,700	146,400	146,980	151,810	163,690	168,290	171,706
Rural Districts ..	96,140	98,030	102,090	98,600	96,140	93,540	91,180	94,400	96,100	101,094
Whole County ..	260,140	262,990	258,690	249,300	242,540	240,520	242,990	258,090	264,390	272,800
<i>Rateable Value</i> ..	£1,758,189	£1,816,493	£1,841,969	£1,851,221	£1,858,229	£1,857,072	£1,871,483	£1,878,688	£1,905,871	£1,877,578
<i>Estimated Produce of a Penny Rate</i> ..	£6,987	£7,128	£7,154	£7,211	£7,202	£7,308	£7,388	£7,442	£7,587	£7,486
<i>Births:—</i>										
Still Births ..	112	131	117	123	123	119	120	134	115	108
Live Births ..	3,579	3,731	3,810	4,292	4,072	4,589	4,383	4,911	5,381	4,679
Legitimate ..	3,526	3,672	3,660	4,107	3,880	4,217	3,878	4,592	5,157	4,482
Illegitimate ..	165	190	267	308	315	491	625	453	339	305
TOTAL ..	3,691	3,862	3,927	4,415	4,195	4,708	4,503	5,045	5,496	4,787
Live Birth Rate (per 1,000 population)	14.0	14.1	14.7	17.2	16.7	19.0	18.0	19.0	20.3	17.1
Still Birth Rate (per 1,000 total births)	30.3	30.3	29.7	27.8	29.3	25.2	26.6	26.5	20.9	22.5
Live Birth Rate (England & Wales)	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9
<i>Deaths:—</i>										
Total Deaths (all ages)	3,267	3,820	3,250	3,303	3,205	3,200	3,180	3,270	3,418	3,179
Death Rate (per 1,000 population)	12.5	14.5	12.5	13.2	13.2	13.3	13.0	12.6	12.8	11.6
Death Rate (England and Wales)	12.1	14.3	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8
<i>Infant Mortality:—</i>										
Deaths under 1 year of age ..	145	192	187	171	148	150	181	173	148	122
Legitimate ..	134	178	166	155	130	129	151	151	134	111
Illegitimate ..	11	14	21	16	18	31	30	22	14	11
Mortality Rate (per 1,000 Legitimate live births)	38.0	48.4	45.3	37.7	34.5	31.3	39.9	33.7	26.5	25.3
Mortality Rate (per 1,000 Illegitimate live births)	66.6	73.6	78.6	51.9	55.3	44.0	49.7	50.6	42.0	36.6
Infant Mortality Rate (per 1,000 live births) ..	40	75	80	53	36	32	41	35	27	26
Infant Mortality Rate (England & Wales)	50	55	59	49	49	46	46	43	41	34
<i>Maternal Mortality:—</i>										
Maternal Deaths ..	8	13	14	10	9	7	5	12	6	4
Maternal Mortality Rate (per 1,000 births) ..	2.1	3.3	3.5	2.2	2.1	1.4	1.1	2.3	1.09	.83
Maternal Mortality Rate (England & Wales) ..	2.82	2.16	2.23	2.01	2.29	1.93	1.79	1.43	1.17	1.02

TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS.

Please leave open when referring to Tables 2, 3 and 4.

Please leave open when referring to Tables 2, 3 and 4.																											
Causes of Death.	Totals U.D.s.		Totals R.D.s.		Totals whole County, 1948.	Comparable Totals, 1947.	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Civilian only																											
1. Typhoid and paratyphoid fevers .. .. .	—	2	1	1	4	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Cerebro-spinal fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Scarlet fever .. .. .	—	—	3	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Whooping cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Diphtheria .. .. .	40	26	13	10	89	91	1	—	—	2	2	1	—	1	1	2	—	—	1	1	5	1	—	1	8	4	
6. Tuberculosis of respiratory system .. .. .	7	3	2	2	14	23	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
7. Other forms of tuberculosis .. .. .	6	1	2	2	11	8	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	
8. Syphilitic diseases .. .. .	2	—	3	1	6	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Influenza .. .. .	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Measles .. .. .	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. Acute polio-myelitis and polio-encephalitis .. .. .	3	1	—	1	5	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
12. Acute infantile encephalitis .. .. .	19	19	4	12	54	43	1	—	2	—	1	1	—	1	—	1	—	1	1	1	—	2	—	—	9	5	
13. Cancer of buccal cavity and oesophagus (M) uterus (F) .. .. .	25	24	36	15	100	104	—	—	—	1	2	3	—	2	3	—	—	—	1	—	—	1	—	2	5	7	
14. Cancer of stomach and duodenum .. .. .	—	32	1	15	48	59	—	—	—	3	—	2	—	1	—	—	—	—	—	2	—	—	—	—	—	6	
15. Cancer of breast .. .. .	117	95	63	48	323	289	5	1	3	2	9	4	2	—	3	5	4	3	3	5	8	3	4	1	25	27	
16. Cancer of all other sites .. .. .	5	10	7	5	27	37	—	—	1	1	—	—	—	—	—	1	—	—	—	—	1	1	—	2	1	1	
17. Diabetes .. .. .	107	165	60	71	403	411	2	5	2	7	6	6	3	4	7	7	5	6	5	4	2	6	1	2	18	34	
18. Intra-cranial vascular lesions .. .. .	325	340	182	179	1026	1082	10	15	17	21	25	19	6	3	19	14	9	6	8	16	15	19	8	5	56	57	
19. Heart diseases .. .. .	38	48	24	25	135	120	—	1	2	1	1	—	—	1	—	—	2	2	6	2	1	1	—	—	7	6	
20. Other diseases of circulatory system .. .. .	42	32	20	15	109	139	5	—	1	3	—	5	—	1	2	2	2	—	1	—	1	5	1	—	—	9	4
21. Bronchitis .. .. .	33	23	13	10	79	133	—	1	1	1	—	1	1	1	2	2	—	—	—	—	2	1	—	—	—	9	4
22. Pneumonia .. .. .	21	14	13	3	51	38	—	—	—	1	2	2	1	—	1	—	1	—	—	1	—	2	—	—	—	5	3
23. Other respiratory diseases .. .. .	23	7	9	2	41	33	—	—	1	1	1	—	—	—	1	—	—	—	1	—	2	1	—	—	—	9	1
24. Ulcer of stomach or duodenum .. .. .	2	1	—	—	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25. Diarrhoea, under 2 years .. .. .	3	4	1	4	12	13	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	3	
26. Appendicitis .. .. .	15	21	15	18	69	97	—	—	—	—	2	2	1	—	1	3	—	—	2	—	1	—	1	1	—	2	
27. Other digestive diseases .. .. .	20	30	14	12	76	103	1	—	—	1	—	5	—	3	2	1	1	—	2	6	1	1	—	—	—	5	
28. Nephritis .. .. .	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29. Puerperal and post-abortion sepsis .. .. .	—	1	—	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30. Other maternal causes .. .. .	11	7	3	4	25	38	—	—	—	—	1	3	—	—	1	—	—	—	2	—	—	—	—	—	2	1	
31. Premature birth .. .. .	28	17	25	11	81	86	—	—	1	2	2	—	—	—	—	1	—	1	—	1	2	1	—	—	8	2	
32. Congenital malformation, birth injury and infantile diseases .. .. .	18	5	8	2	33	33	—	—	2	—	2	—	—	—	—	—	1	—	1	—	2	—	2	—	—	—	
33. Suicide .. .. .	13	5	11	4	33	37	—	—	—	1	1	—	—	—	—	—	1	1	—	—	—	—	—	—	5	1	
34. Road traffic accidents .. .. .	17	16	15	9	57	66	—	2	1	—	1	2	—	1	1	—	—	—	—	—	1	—	—	—	3	6	
35. Other violent causes .. .. .	74	78	59	47	258	293	2	2	3	3	5	4	2	—	5	4	—	3	2	3	7	3	—	1	28	24	
36. All other causes .. .. .																											
All Causes .. .. .	1014	1028	607	530	3179	3418	28	27	37	52	63	61	16	19	51	43	24	22	40	41	51	49	20	15	216	214	
Deaths of infant under 1 year:—																											
Total .. .. .	47	28	30	17	122	148	—	1	1	2	3	3	—	—	2	2	—	—	3	—	2	2	1	—	—	10	2
Legitimate .. .. .	43	23	30	15	111	134	—	—	1	1	3	3	—	—	2	2	—	—	2	—	2	2	1	—	—	10	1
Illegitimate .. .. .	4	5	—	2	11	14	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Live Births—Total .. .. .	1498	1393	926	862	4679	5381	48	40	43	61	79	83	21	19	60	77	33	16	63	51	46	44	38	22	337	310	
Legitimate .. .. .	1384	1307	873	815	4379	5048	43	37	42	57	75	79	20	17	51	70	31	16	60	45	44	42	36	21	310	290	
Illegitimate .. .. .	114	86	53	47	300	333	5	3	1	4	4	4	1	2	9	7	2	—	3	6	2	2	2	1	27	20	
Still Births—Total .. .. .	37	25	27	19	108	115	2	—	1	—	1	3	—	—	1	5	—	3	2	—	1	—	—	—	—	10	4
Legitimate .. .. .	34	24	26	19	103	109	2	—	1	—	1	3	—	—	1	5	—	3	2	—	1	—	—	—	—	7	—
Illegitimate .. .. .	3	1	1	—	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4
Estimated Population, 1948 .. .. .	171,706		101,094		272,800	264,390	3,600		5,948		11,050		2,935		8,475		3,360		6,798		6,486		2,624		35,560		
Estimated Population, 1947 .. .. .	168,290		96,100		—	264,390	3,450		6,374		10,690		2,888		8,036		3,429		6,594		6,180		2,826		34,870		

ole B.	Beaminster R.D.		Blandford R.D.		Bridport R.D.		Dorchester R.D.		Shaftesbury R.D.		Sherborne R.D.		Sturminster R.D.		Wareham and Purbeck R.D.		Wimborne and Cranborne R.D.	
F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
11	1	1	1	—	2	2	2	3	—	—	1	1	—	—	2	1	4	2
2	—	—	1	1	—	—	1	—	—	—	—	—	—	—	1	1	—	—
1	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	1	1	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	1	2	1	1	1	3	1	2	—	1	—	2	—	1	—	—
8	1	1	4	4	2	2	9	1	3	—	1	1	2	2	8	—	6	4
16	—	2	1	—	—	1	—	5	—	—	—	—	—	1	—	4	—	2
41	4	2	9	—	9	4	9	5	4	3	6	6	4	4	7	9	11	15
4	1	—	1	1	1	1	1	—	—	—	—	1	2	—	—	—	1	2
81	6	3	3	4	7	12	12	11	6	5	2	3	4	13	9	7	11	13
157	14	11	20	19	18	22	21	28	18	18	7	8	13	30	21	9	50	34
23	1	—	—	—	3	—	4	1	3	5	1	2	2	2	3	5	7	10
10	4	—	1	2	2	1	3	3	2	—	1	—	—	4	4	2	3	3
12	1	3	1	—	1	3	3	1	1	1	1	1	—	—	3	1	2	—
3	3	—	—	—	—	—	1	—	1	—	1	—	—	—	4	1	3	2
4	1	1	1	—	1	1	3	—	1	—	—	—	—	—	1	—	1	—
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—
12	—	—	2	3	1	1	—	1	1	1	—	—	2	3	4	4	5	5
6	3	2	2	—	—	4	1	2	—	—	2	2	1	—	1	2	4	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
3	—	—	1	—	—	—	—	—	—	—	1	3	1	—	—	—	—	1
9	4	—	1	—	1	—	6	1	—	1	1	2	—	1	6	1	6	5
5	—	—	—	—	—	—	1	—	3	—	—	—	1	—	—	—	3	2
2	1	—	1	—	1	—	2	1	2	—	1	—	1	—	1	1	1	2
5	2	—	1	1	—	—	4	1	1	1	3	—	1	1	3	3	—	2
29	7	4	8	2	4	4	7	8	1	3	4	2	6	6	9	6	13	12
455	55	30	61	39	54	62	92	79	49	42	33	34	41	69	89	58	133	117
15	4	—	2	—	1	—	6	1	—	2	2	5	2	1	8	2	5	6
14	4	—	2	—	1	—	6	1	—	2	2	4	2	1	8	2	5	5
1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
628	72	67	82	77	54	50	145	117	66	84	70	68	80	76	167	163	190	160
594	68	65	74	69	51	48	137	111	62	81	66	65	76	71	158	155	181	150
34	4	2	8	8	3	2	8	6	4	3	4	3	4	5	9	8	9	10
10	3	—	2	—	1	1	6	4	1	—	2	1	1	4	7	6	4	3
9	3	—	2	—	1	1	6	4	1	—	2	1	1	4	6	6	4	3
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
80	8,002		8,440		7,612		16,320		8,940		6,522		8,588		16,250		20,420	
20	7,775		7,536		7,266		15,760		8,518		5,373		8,592		15,410		19,870	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF

*Aggregate of Urban Districts.*

	0—		1—		5—		15—		45—		65—	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	
1	—	—	—	—	—	—	—	—	—	—	—	
2	—	—	—	—	—	—	—	—	—	—	—	
3	—	—	—	—	—	—	—	—	—	—	—	
4	—	—	—	—	—	—	—	—	—	—	—	
5	—	—	—	—	—	—	—	—	—	—	—	
6	—	—	—	—	—	1	16	17	16	5	8	
7	1	—	—	—	—	2	5	—	1	1	—	
8	—	—	—	—	—	—	—	—	5	—	1	
9	—	—	—	—	—	—	—	—	—	—	2	
10	—	—	—	—	—	—	—	—	—	—	—	
11	—	—	—	—	—	—	—	—	—	—	—	
12	—	—	1	—	1	—	—	—	—	1	1	
13	—	—	—	—	—	—	—	1	1	11	18	
14	—	—	—	—	—	—	—	1	8	6	17	
15	—	—	—	—	—	—	—	6	—	13	—	
16	—	—	—	—	—	—	8	6	35	33	74	
17	—	—	—	—	—	—	1	2	1	3	3	
18	—	—	—	—	—	—	2	3	19	27	86	
19	—	—	—	—	1	—	5	6	66	41	253	
20	—	—	—	—	—	—	1	—	9	8	28	
21	—	—	—	—	—	—	1	1	11	4	30	
22	4	3	—	—	—	—	2	—	6	1	21	
23	—	1	—	—	—	—	2	4	9	6	10	
24	—	—	—	—	—	—	2	—	8	3	13	
25	2	1	—	—	—	—	—	—	—	—	—	
26	—	—	—	—	—	1	3	1	—	2	—	
27	1	—	—	1	—	—	1	—	9	7	4	
28	—	—	—	—	—	—	2	4	5	5	13	
29	—	—	—	—	—	—	—	1	—	—	—	
30	—	—	—	—	—	—	—	1	—	—	—	
31	11	7	—	—	—	—	—	—	—	—	—	
32	25	13	—	2	1	1	1	—	1	1	—	
33	—	—	—	—	—	—	6	—	8	4	4	
34	—	—	1	2	1	1	4	2	4	—	3	
35	2	1	1	1	2	1	2	1	6	1	4	
36	1	2	1	—	—	—	3	10	11	9	58	
	47	28	4	6	6	7	67	67	239	192	651	

THE ADMINISTRATIVE COUNTY OF DORSET.

*Aggregate of Rural Districts.*

0—		1—		5—		15—		45—		65—		
	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	1	—	—	—	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	3
—	1	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	1	6	8	5	—	2	1	6
—	—	—	—	—	—	1	1	—	1	1	—	7
—	—	—	—	—	—	—	—	1	1	1	1	8
—	—	—	—	—	—	—	—	—	—	2	1	9
—	—	—	—	—	—	—	—	—	—	—	—	10
—	—	—	—	—	—	—	—	—	—	—	—	11
1	—	—	—	—	—	—	—	—	—	—	—	12
—	—	—	—	—	—	—	2	1	4	3	6	13
—	—	—	—	—	—	—	2	11	3	25	10	14
—	—	—	—	—	—	—	—	—	9	1	6	15
—	—	1	1	2	—	5	1	21	17	34	29	16
—	—	—	—	—	—	2	—	—	—	5	5	17
—	—	—	—	—	—	—	3	9	12	51	56	18
—	—	—	—	—	—	—	4	35	19	147	156	19
—	—	—	—	—	—	—	—	6	3	18	22	20
—	—	—	—	—	—	1	—	4	2	15	13	21
—	—	—	—	1	1	1	—	2	4	8	5	22
—	—	—	—	—	—	2	—	3	1	7	2	23
—	—	—	—	—	—	3	—	1	1	5	1	24
—	—	—	—	—	—	—	—	—	—	—	—	25
—	—	—	—	1	—	—	2	—	1	—	1	26
—	—	1	—	—	—	1	2	1	4	13	11	27
—	—	—	—	—	—	2	—	1	2	11	10	28
—	—	—	—	—	—	—	—	—	—	—	—	29
—	—	—	—	—	—	—	2	—	—	—	—	30
4	—	—	—	—	—	—	—	—	—	—	—	31
11	1	—	—	—	—	3	—	2	—	—	—	32
—	—	—	—	1	—	1	—	5	1	1	1	33
—	—	—	—	1	2	4	1	3	1	3	—	34
1	1	3	—	1	—	1	1	5	—	6	4	35
—	2	—	—	4	1	4	3	9	11	39	32	36
17	6	6	—	11	5	37	32	125	97	398	373	

TABLE 4—CAUSES OF DEATH AT ALL AGES.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
1	3	—	3	—	—	—	—	—	—	—
2	1	20	9	2	4	7	3	—	1	4
3	—	2	—	1	—	—	—	—	—	—
4	3	4	11	2	6	4	1	5	1	3
5	10	6	10	13	10	4	3	3	—	—
6	89	98	102	102	76	80	91	85	91	89
7	24	32	19	20	25	19	19	25	23	14
8	13	9	19	20	11	10	14	12	8	11
9	69	98	49	28	104	32	6	25	19	6
10	—	1	9	1	3	2	1	—	1	—
11	—	1	2	—	1	1	3	1	5	—
12	—	6	4	3	4	1	1	3	3	5
13	460	62	62	52	52	48	57	52	43	54
14		95	91	89	74	73	78	87	104	100
15		56	50	57	65	67	44	64	59	48
16		294	265	279	310	300	298	266	289	323
17	41	40	30	43	38	27	27	29	37	27
18	227	360	366	368	379	360	387	406	411	403
19	940	944	801	875	878	950	976	1005	1082	1026
20	216	110	83	85	69	89	75	125	120	135
21	97	246	140	137	124	122	146	115	139	109
22	118	195	137	120	102	110	105	122	133	79
23	28	43	35	35	41	44	39	46	38	51
24	25	36	34	34	30	39	35	27	33	41
25	8	20	11	11	9	12	30	4	6	3
26	17	24	14	16	11	12	6	11	13	12
27	67	88	76	105	81	76	61	75	97	69
28	98	114	85	110	89	102	98	104	103	76
29	1	4	2	—	—	—	2	3	1	1
30	7	9	12	10	9	7	3	9	5	3
31	103	36	49	43	50	47	48	46	38	25
32		67	68	65	54	54	71	86	86	81
33		34	27	23	20	25	21	31	33	33
34		121	42	32	32	42	21	30	37	33
35	447	174	145	152	77	83	81	71	66	57
36		447	387	370	367	351	329	297	293	258

TABLE 5—NOTIFICATIONS OF INFECTIOUS DISEASE.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Scarlet Fever .. .. .	366	409	280	388	306	297	248	201	147	226
Whooping Cough .. .. .	80	318	1,440	388	660	818	520	923	825	1,339
Diphtheria (including Membranous Croup) .. .. .	126	174	108	86	80	43	17	20	11	4
Measles (excluding German Measles) .. .. .	45	3,865	4,711	1,258	2,445	1,709	3,056	899	3,232	1,571
Acute Pneumonia (Primary or Influenzal) .. .. .	138	269	231	270	174	295	238	240	182	197
Cerebro-spinal Fever .. .. .	4	134	55	44	21	24	19	18	26	14
Acute Poliomyelitis .. .. .	13	5	11	3	2	4	19	5	64	16
Acute Poliоencephalitis .. .. .	3	2	1	—	2	1	2	—	6	3
Acute Encephalitis Lethargica .. .. .	2	8	1	2	5	1	4	5	2	—
Dysentery .. .. .	24	35	72	40	111	196	137	66	48	27
Ophthalmia Neonatorum .. .. .	11	13	5	11	16	20	13	10	16	16
Puerperal Pyrexia .. .. .	38	32	53	41	42	26	19	27	29	38
Smallpox .. .. .	—	—	—	—	—	1	—	—	—	—
Paratyphoid Fever .. .. .	3	12	10	1	3	3	1	—	—	1
Enteric or Typhoid Fever (excluding Paratyphoid) .. .. .	9	10	13	4	1	—	2	1	—	6
Erysipelas .. .. .	56	70	63	81	82	101	70	88	45	65
Chicken Pox .. .. .	1	1	—	1	—	—	—	—	—	—
Malaria—Believed to be con- tracted in this country .. .. .	—	—	—	—	—	—	4	—	—	1
Malaria—Believed to be con- tracted abroad .. .. .	3	3	1	1	1	68	2	6	1	—
Malaria—Induced in Institutions .. .. .	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS.

Name of Clinic.		Average Attendance per session		New Cases.				Total Attendances.				Grand Total Attendances.		No. of Openings.	
				Ante-Natal.		Post-Natal.		Ante-Natal.		Post-Natal.					
		Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2
Amminster ..	..	4.8	3.5	19	9	—	—	29	21	—	—	29	21	6	6
Andford ..	}	10.9	8.4	49	27	27	3	155	71	31	13	186	84	17	10
		—	3.3	—	—	—	4	—	—	—	10	—	10	—	3
Idport ..	..	5.4	6.5	26	19	11	9	50	48	21	17	71	65	13	10
Orchester ..	}	10.6	9.0	206	125	69	19	529	436	86	27	615	463	58	47
		—	10.6	—	—	—	50	—	—	—	64	—	64	—	6
affesbury ..	..	16.6	—	60	—	1	—	316	—	—	—	316	—	19	—
erborne ..	..	5.6	—	23	—	4	—	104	—	3	—	107	—	19	—
anage ..	..	5.3	3.1	21	11	—	4	64	34	—	4	64	38	12	12
areham ..	..	7.4	5.3	37	21	3	6	93	53	3	6	96	59	13	11
imborne ..	..	14.5	12.8	66	35	3	9	156	144	4	10	160	154	11	12
ole ..	}	—	7.0	—	45	—	—	—	161	—	—	—	161	—	23
		—	3.2	—	—	—	32	—	—	—	39	—	39	—	12
anksome ..	}	—	10.3	—	70	—	—	—	280	—	—	—	280	—	27
		—	3.6	—	—	—	19	—	—	—	47	—	47	—	13
eymouth ..	..	—	17.3	—	201	—	8	—	856	—	9	—	865	—	50
ortland ..	..	7.3	7.0	51	34	5	1	182	159	9	4	191	163	26	23
TOTALS ..	..			558	597	123	164	1,678	2,263	157	250	1,835	2,513	194	265

Period 1—1st January, 1948—4th July, 1948 (excluding the Boroughs of Poole and Weymouth).

Period 2—5th July, 1948—31st December, 1948 (including the Boroughs of Poole and Weymouth).

TABLE 7—WELFARE CENTRES.

Schedule of attendances for the period 1st January—31st December, 1948.

Name of Centre.	Average Attendance per session.		New Cases.				Total Attendances.				Total Attendances.		No. of Openings.	
			Under 1 year.		Over 1 year.		Under 1 year.		Over 1 year.					
	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2
Beaminster ..	19.2	18.6	14	15	3	9	134	137	97	107	231	224	12	12
Bere Regis ..	22.7	22.8	9	11	12	—	56	51	103	63	159	114	7	5
Blackdown ..	7.1	5.2	1	4	1	—	21	12	22	14	43	26	6	5
Blandford ..	60.5	51.4	39	38	11	5	352	282	435	335	787	617	13	12
Bridport ..	39.7	42.3	58	44	10	2	867	883	166	176	1,033	1,059	26	25
Dorchester ..	55.8	46.6	86	73	40	26	859	699	594	513	1,453	1,212	26	26
Ferndown ..	30.1	31.1	32	31	5	2	305	266	87	77	392	343	13	11
Gillingham ..	9.9	8.6	13	16	8	5	239	185	29	41	268	226	27	26
Handley ..	10.6	11.0	4	4	4	6	41	33	23	33	64	66	6	6
Lyme Regis ..	20.0	12.0	20	9	—	1	391	219	150	83	541	302	27	25
Milton Abbas ..	8.9	9.5	14	9	6	1	59	68	57	37	116	105	13	11
Shaftesbury ..	17.9	17.6	44	26	24	41	174	153	41	77	215	230	12	13
Sherborne ..	41.2	39.3	73	65	27	35	794	705	278	318	1,072	1,023	26	26
Sturminster ..	15.2	19.5	38	37	23	7	172	308	194	160	366	468	24	24
Swanage ..	42.0	34.1	51	42	13	4	674	511	420	376	1,094	887	26	26
Verwood ..	28.1	29.1	10	18	2	2	167	138	171	212	338	350	12	12
Wareham ..	47.6	51.0	43	45	2	7	786	848	500	538	1,286	1,386	27	26
Wimborne ..	43.1	38.7	37	28	3	1	689	552	434	416	1,123	968	26	25
Wool ..	48.1	48.6	22	14	15	2	89	111	200	181	289	292	6	6
Old Town, Poole ..	—	33.0	—	67	—	17	—	627	—	231	—	858	—	26
Branksome ..	—	124.1	—	101	—	31	—	2,048	—	1,055	—	3,103	—	25
Hamworthy ..	—	4.8	—	22	—	14	—	267	—	223	—	490	—	12
Oakdale ..	—	69.4	—	58	—	11	—	471	—	362	—	833	—	12
Longfleet ..	—	37.8	—	29	—	10	—	301	—	174	—	475	—	12
Lower Parkstone ..	—	25.2	—	17	—	6	—	199	—	104	—	303	—	12
Canford Cliffs ..	—	29.8	—	19	—	7	—	137	—	42	—	179	—	6
Newtown ..	—	49.0	—	50	—	13	—	298	—	290	—	588	—	12
Rossmore ..	—	31.1	—	21	—	10	—	230	—	144	—	374	—	12
Creekmore ..	—	21.6	—	5	—	—	—	33	—	97	—	130	—	6
Broadstone ..	—	45.8	—	13	—	3	—	72	—	203	—	275	—	6
Wallisdown ..	—	29.3	—	8	—	5	—	62	—	114	—	176	—	6
Health Centre, Weymouth ..	—	68.8	—	158	—	11	—	2,461	—	983	—	3,444	—	50
Wyke Regis ..	—	36.9	—	29	—	7	—	544	—	380	—	924	—	25
Broadway ..	—	38.4	—	19	—	1	—	539	—	422	—	961	—	25
Preston ..	—	16.6	—	20	—	2	—	229	—	188	—	417	—	25
Underhill, Portland ..	33.3	29.8	35	28	6	2	701	525	165	252	866	777	26	26
Tophill, Portland ..	47.8	42.2	40	28	8	10	785	543	459	556	1,244	1,099	26	26
			683	1,221	223	316	8,355	15,747	4,625	9,577	12,980	25,304	387	646

Period 1—1/1/48—4/7/48 inclusive (excluding the Boroughs of Poole and Weymouth, independent Welfare Authority prior to 5/7/48).

Period 2—5/7/48—31/12/48 inclusive (including the Boroughs of Poole and Weymouth).

TABLE 8—MIDWIFERY SERVICE.

Category.	DOMICILIARY CASES.				HOSPITAL AND NURSING HOME CASES.			
	1/1/48—4/7/48.		5/7/48—31/12/48.		1/1/48—4/7/48.		5/7/48—31/12/48.	
	Midwifery	Maternity	Midwifery	Maternity	Midwifery	Maternity	Midwifery	Maternity
Midwives employed by the County Council ..	—	—	195	186	1	—	—	—
Midwives employed by the District Nursing Association ..	363	284	284	255	—	2	1	10
Midwives employed in Nursing Homes ..	—	—	1	—	7	59	23	160
Midwives employed in Hospitals ..	—	—	4	—	210	230	654	267
Midwives in private practice ..	22	31	2	32	—	1	1	—
TOTALS ..	385	315	486	473	218	292	679	437

TABLE 9—HEALTH VISITING.

(Period 1—Period from 1st January, 1948—4th July, 1948).  
(Period 2—Period from 5th July, 1948—31st December, 1948).

		Number of visits paid by Health Visitors.											
Number of Health Visitors employed at end of year.		Expectant Mothers.				Children under 1 year of age.				Children between the ages of 1 and 5.		Other Classes.	
Whole-time on Health Visiting.	Part-time on Health Visiting.	‡ First visits.		Total visits.		‡ First visits.		Total visits.		Total visits.		Total visits.	
		Period I	Period II	Period I	Period II	Period I	Period II	Period I	Period II	Period I	Period II	Period I	Period II
—	*28	222	247	314	758	1,373	2,394	9,310	12,548	10,216	16,232	2,014	1,931

‡ Excluding cases which are known to have been previously visited in another district.

\* Includes 3 employed by Voluntary Organisations.

TABLE 10—VACCINATION.

Vaccinations completed during six months—July/ December, 1948.

	Age.									
	Under 1 year.		1—4		5—14		15 or over.		Total.	
	P.	R.	P.	R.	P.	R.	P.	R.	P.	R.
Blandford B. . .	3	—	—	—	—	—	2	3	5	3
Blandford R.D. . .	21	—	—	1	—	2	2	20	23	23
Beaminster R.D. . .	19	—	—	—	—	1	—	5	19	6
Bridport B. . .	13	—	2	—	—	3	—	13	15	16
Bridport R.D. . .	23	—	4	—	—	2	—	9	27	11
Lyme Regis B. . .	9	—	—	—	—	—	—	3	9	3
Dorchester B. . .	9	—	—	—	—	—	1	1	10	1
Dorchester R.D. . .	38	—	3	—	1	1	—	13	42	14
Shaftesbury B. . .	9	—	—	—	—	—	—	—	9	—
Shaftesbury R.D. . .	32	—	1	—	—	—	—	1	33	1
Sherborne U.D. . .	17	—	—	—	—	—	1	4	18	4
Sherborne R.D. . .	18	—	—	—	—	1	—	2	18	3
Sturminster R.D. . .	10	—	4	—	—	—	—	2	14	2
Wareham B. . .	11	—	1	—	—	1	—	2	12	3
Wareham R.D. . .	64	—	6	1	2	—	1	6	73	7
Swanage U.D. . .	9	—	2	—	—	1	—	4	11	5
Wimborne U.D. . .	26	—	1	1	—	5	—	11	27	17
Wimborne R.D. . .	65	—	7	3	4	5	6	11	82	19
Portland U.D. . .	21	—	—	—	2	—	10	40	33	40
Weymouth B. . .	85	—	8	1	6	—	13	37	112	40
Poole B. . .	76	—	9	—	5	5	9	31	99	36
TOTALS . . .	578	—	48	7	20	29	45	218	691	254

TABLE 11—DIPHTHERIA IMMUNISATION.

Annual Return as at 31st December, 1948 (including Local Authorities' Figures for the first six months).  
(Number of children at 31/12/48 who had completed a course of immunisation at any time before that date).

	Children under 5 years.					Estimated mid-year population 1948. Children 0—4 years.	Children 5—15 years.			Estimated mid-year population, 1948. Children 5—15 years.	Total No. of children under 15 years Immunised	
	Age at 31/12/48.						Age at 31/12/48.					
	Under 1	1	2	3	4		Total.	5—9	10—14			Total.
Blandford B. ...	8	73	35	37	47	200	328	209	198	407	457	607
Blandford R.D. ...	8	143	82	84	99	416	736	485	465	950	1,355	1,366
Beaminster R.D. ...	3	109	88	71	73	344	631	576	466	1,042	1,131	1,386
Bridport B. ...	10	114	77	98	100	399	445	392	330	722	676	1,121
Bridport R.D. ...	14	100	46	59	58	277	575	443	356	799	887	1,076
Lyme Regis B. ...	6	52	20	38	28	144	185	207	169	376	375	520
Dorchester B. ...	15	251	85	44	66	461	903	483	616	1,099	1,512	1,560
Dorchester R.D. ...	8	283	144	81	76	592	1,252	575	909	1,484	2,011	2,076
Shaftesbury B. ...	4	74	38	30	20	166	247	203	200	403	532	563
Shaftesbury R.D. ...	1	201	176	122	105	605	655	570	515	1,085	1,428	1,690
Sherborne U.D. ...	1	170	119	63	71	424	411	344	333	677	1,360	1,101
Sherborne R.D. ...	—	147	100	73	117	437	485	376	353	729	1,039	1,166
Sturminster R.D. ...	8	148	117	85	90	448	717	351	503	854	1,024	1,302
Wareham B. ...	2	56	28	45	38	169	234	212	173	385	323	554
Wareham R.D. ...	11	315	203	236	265	1,030	1,452	1,213	1,196	2,409	2,334	3,433
Swanage U.D. ...	1	120	75	82	80	358	570	380	385	765	913	1,123
Wimborne U.D. ...	27	36	39	23	27	152	327	88	—	88	630	240
Wimborne R.D. ...	18	304	201	186	219	928	1,616	1,032	926	1,958	2,801	2,886
Portland U.D. ...	50	163	117	87	125	542	728	557	351	908	1,142	1,451
Weymouth B. ...	234	898	590	680	644	3,046	3,179	2,061	2,203	4,264	4,587	7,311
Poole B. ...	716	1,240	769	909	968	4,602	6,671	4,774	5,004	9,778	10,642	14,388
	1,145	4,997	3,149	3,133	3,316	15,740	22,347	15,531	15,651	31,182	37,159	46,920
Percentage of children under 5 years Immunised						70.43%	Percentage of children 5—15 years Immunised					83.91%
Percentage of total number of children under 15 years Immunised—79.69%												

TABLE 12—AMBULANCE SERVICE.

(1)		Number of Vehicles at 31st December, 1948.	Total No. of calls during the period 5th July, 1948, to 31st December, 1948.	Total No. of patients carried during the period 5th July, 1948, to 31st December, 1948.	No. of accident and other emergency calls included in column (3) during the period 5th July, 1948, to 31st December, 1948.	Total Mileage during the period 5th July, 1948 to 31st December, 1948.
		(2)	(3)	(4)	(5)	(6)
Directly provided service	Ambulances	23	4,022	4,091	827	45,837
	Cars	3	560	813	15	9,144
Agency Service (s)	Ambulances	3	179	188	6	7,193
	Cars H.C.S.	200	2,123	4,167	Nil	115,460
Supplementary Service(s)*	Ambulances	3*	58	74	57	12,147
	Cars	Nil*	Nil	Nil	Nil	Nil
TOTALS		232	6,942	9,333	905	189,781

NOTE.—\* Supplementary Services are those where arrangements exist with voluntary organisations or other bodies for occasional use of ambulances or cars, as distinct from arrangements for a regular service on an agency basis and include arrangements with the Hospital-Car Service.

TABLE 13—AMBULANCE SERVICE (5th July, 1948, to 31st December, 1948, inclusive).

Depot Location.	Nature of Case carried.									Cases—Degree of Priority.			Journeys.			Mileage.
	Maternity	Illness	Sudden Illness	Mental	Road Accident	Other Accident	Infectious Illness	Corpse	Total	Routine	Emergency	Total	In-County	Out-County	Total	
Andford ..	22	68	9	Nil	14	14	Nil	Nil	127	78	49	127	90	3	93	1,958
Port ..	6	78	10	1	11	9	25	2	142	96	46	142	111	1	112	1,458
Mouth ..	1	23	3	1	5	2	Nil	Nil	35	24	11	35	21	14	35	1,681
Chester ..	44	512	17	6	18	20	46	8	671	587	84	671	658	10	668	9,806
Down ..	7	39	21	Nil	6	8	Nil	Nil	81	39	42	81	82	Nil	82	1,505
ingham ..	1	23	9	Nil	3	5	Nil	1	42	34	8	42	16	32	48	2,155
e Regis ..	1	28	2	Nil	3	2	Nil	Nil	36	28	8	36	34	2	36	204
e ..	89	1648	82	21	64	102	74	28	2108	1814	294	2108	2018	19	2037	18,781
land ..	4	75	5	Nil	3	5	11	1	104	84	20	104	65	Nil	65	1,124
tesbury ..	3	110	7	Nil	8	7	Nil	Nil	135	125	10	135	62	54	116	3,398
borne ..	10	142	11	Nil	6	9	1	Nil	179	162	17	179	141	10	151	2,260
minster Newton	4	32	7	1	5	1	Nil	Nil	50	32	18	50	30	1	31	1,314
nage ..	2	91	5	1	5	19	Nil	1	124	92	32	124	94	1	95	2,359
ham ..	11	78	18	Nil	13	20	Nil	Nil	140	93	47	140	120	Nil	120	3,180
mouth ..	135	537	88	6	36	99	58	3	982	790	192	982	946	8	954	8,638
borne ..	12	84	16	2	6	14	Nil	2	136	116	20	136	118	Nil	118	2,353
Chester S.J.A.B.	Nil	42	2	Nil	1	Nil	Nil	Nil	45	42	3	45	Nil	36	36	7,421
e S.J.A.B.	Nil	25	3	Nil	Nil	1	Nil	Nil	29	25	4	29	2	20	22	4,726
TOTALS ..	372	3635	315	39	207	337	215	46	5166	4261	905	5166	4608	211	4819	74,321

TABLE 14—HOSPITAL CAR SERVICE (Period 5th July, 1948, to 31st December, 1948).

Nature of Case carried.	Months.							Totals.
	July.	August.	September.	October.	November.	December.		
Orthopaedic .. ..	65	50	60	59	54	65	353	
Speech Therapy ..	17	8	23	28	33	18	127	
Immunisation ..	38	11	20	11	19	24	123	
Mental .. ..	Nil	5	6	3	1	Nil	15	
Rehabilitation ..	22	23	36	34	41	29	185	
X-Ray cases ..	11	7	11	8	12	9	58	
Physiotherapy ..	17	16	16	23	26	34	132	
Tuberculosis ..	19	25	24	34	35	27	164	
General .. ..	92	116	139	185	210	224	966	
TOTALS ..	281	261	335	385	431	430	2,123	
Requests:								
In-County ..	242	228	290	328	365	368	1,821	
Out-County ..	39	33	45	57	66	62	302	
*Actual Journeys ..	422	462	725	832	855	871	4,167	
Mileage ..	11,029	14,003	19,363	23,152	23,134	24,779	115,460	

\* A single request often involves many journeys.

TABLE 15—TUBERCULOSIS.

	1943	1944	1945	1946	1947	1948
<i>Deaths.</i>						
All forms .. .. .	101	99	110	110	114	103
Death-rate per 1,000 population ..	0.41	0.41	0.45	0.42	0.42	0.37
Pulmonary .. .. .	76	80	91	85	91	89
Death-rate per 1,000 population ..	0.31	0.33	0.37	0.32	0.34	0.32
Non-Pulmonary .. .. .	25	19	19	25	23	14
Death-rate per 1,000 population ..	0.10	0.07	0.07	0.09	0.08	0.05
<i>Notifications.</i>						
All forms .. .. .	250	278	209	216	281	214
Pulmonary .. .. .	179	207	156	163	224	164
Non-Pulmonary .. .. .	71	71	53	53	57	50
<i>Notification Register as at 31st December—</i>						
All forms .. .. .	1,012	1,094	1,117	1,178	1,257	1,277
Pulmonary .. .. .	421	453	482	505	549	553
Non-Pulmonary .. .. .	294	323	330	340	387	395
Males .. .. .	143	159	151	171	161	167
Females .. .. .	154	159	154	162	160	162

TABLE 16—RURAL HOUSING SURVEY.

	<i>Beam-</i> <i>inster.</i>	<i>Bland-</i> <i>ford.</i>	<i>Brid-</i> <i>port.</i>	<i>Dor-</i> <i>chester.</i>	<i>Shaftes-</i> <i>bury.</i>	<i>Sher-</i> <i>borne.</i>	<i>Stur-</i> <i>minster.*</i>	<i>Ware-</i> <i>ham.</i>	<i>Wim-</i> <i>borne.</i>	<i>Total.</i>
Approx. No. of Houses to be dealt with ..	2,186	1,900	2,590	4,250	2,506	1,618	2,664	4,000	4,000	25,714
	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>	<i>Pre Det</i>
1. Satisfactory in all respects ..	939 7	— 350		149 60	326 —	359 71	1322 53	— 556	— 269	5356 30
2. Minor Defects ..		— 506		403 232	677 1	533 89	648 479		— 348	
3. Requiring repair alterations or improvement ..	782 186			246 284	796 19	522 86		— 89		
4. Appropriate for reconditioning under Hsg. (R.W.) Acts ..	192 82	— 836	<i>No Return</i>	80 284	354 41	113 37	323 305		— 196	3408 25
5. Unfit for habitation and beyond repair at reasonable expense ..	273 102	— 201		41 89	353 103	91 35	298 303	— 171	— 199	1056 12
6. Others ..	— —	— 7		— —	— —	— —	73 —	— 69	— 74	73 1
	2186 377	— 1900		919 949	2506 164	1618 318	2664 1140	— 1004	— 1086	9893 69
<i>Programme progress</i>										
Submitted ..	86	315		232	234	130	439	494	300	2236
Authorised to tender ..	86	189		140	200	130	439	366	280	1830
Tenders approved ..	46	166		140	130	91	353	340	220	486
Under construction ..	20	26		72	54	17	106	114	71	480
Completed ..	22	122		32	46	74	247	226	146	915

Pre—Preliminary.

Det—Detailed.

\* September, 1948, figures.

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